A Course of Lectures
ON
PAIN,
AND THE
THERAPEUTIC INFLUENCE OF MECHANICAL AND PHYSIOLOGICAL REST
IN
ACCIDENTS & SURGICAL DISEASES.

Delivered in the Theatre of the Royal College of Surgeons,

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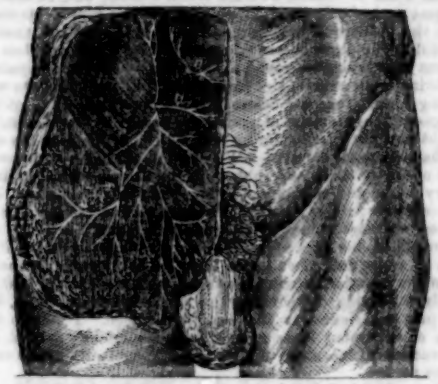
LECTURE IV.—PART III.

As a last observation with respect to the distribution of cutaneous nerves, and their influence upon the muscular apparatus, I would merely remark—hoping to lay the matter before you more explicitly another time—that part of the contraction resulting from the cicatrices of burns may depend upon the circumstance, that when the burn takes place, the nerves of the skin are exposed, and the irritating influence of atmospheric air acting upon the denuded nerves or granulations may be conveyed to the associated muscles, and may so contribute in part to the subsequent contraction. I had intended to dwell upon this, but I have no time beyond making this statement.

It seems to me that if the anatomy which I have advanced for your consideration be true, and the law of nervous distribution which I have affixed to it in reference to the joints be legitimate as a broad principle, we ought to find a corresponding arrangement in the serous and mucous membranes of the body—namely, that the same trunks of nerves that supply the muscular apparatus should supply also the serous membranes which those muscles move; and that, with regard to the mucous membranes, the same nerves supplying the muscles which move the walls should supply also the mucous membrane which lines those muscular walls. Here, perhaps, it might be thought that by dealing with the peritoneum, the pleura, the pericardium, and the arachnoid of the brain, I am diving into medical practice or medical reflection. But surely these histological departments belong as much to medicine as to surgery, and surgery as to medicine. It appears to me to be a fictitious line to draw between the principles of medicine and the principles of surgery; they must be essentially based upon precisely the same physiological and pathological laws, and, therefore, if I, as a surgeon, show you that there is a certain systematic distribution of the nerves to the muscles, to the skin, and to the joints which those muscles move, surely I may be at liberty to take my illustrations from other parts of the body—viz., from the serous as well as the mucous membranes; but on this part of my subject I propose to dwell for a short time only.

Let us take the peritoneum for example, and I will divide the abdominal parietes into two parts—an upper and a lower, the line of demarcation being the umbilicus: the upper part of the abdomen being the respiratory portion, and containing the rudimentary ribs within the recti muscles, whilst the lower half of the walls may be considered as strictly abdominal. You may see in Fig. 30, *d*, the nerves coming down from the spine to the abdominal muscles, and supplying also the peritoneum of the abdominal parietes. In this drawing, taken from a recent dissection, we see some of these same nerves displayed upon the skin, or the exterior, of the abdomen. Here, then, are the same nerves which supply the lower half of the abdominal muscles extending themselves to the cutaneous aspect below the umbilicus, and distributing filaments to the skin over the muscles which are supplied by the same nerves. I might also say that I believe that the same spinal nerves send filaments to the visceral peritoneum covering the intestines. I may direct your attention again to the diagrammatic map which

FIG. 29.



This sketch represents a part of the distribution of the abdominal nerves to the skin over the muscles.
a a a, Abdominal nerves distributed to the skin.
Other nerves are here displayed, but they are not in relation to my present subject.

I used in my last lecture to point out the relation of the spinal and ganglionic nerves to each other, and to indicate the nerves of communication between the spinal marrow and the sympathetic ganglia. I venture to express my belief that some of these filaments of spinal nerves go through the sympathetic ganglia, and thence, associated with the sympathetic, travel upon the artery, and become ultimately distributed (possibly to the walls of the small intestine) upon the colon, or large intestine. I remarked the other day there could be but few persons who had not experienced "painful sensations" in his intestines, and that such sensations could only be derived from, or transmitted through, the spinal nerves. The colon is the intestine which ought to be physiologically associated with the lower half of the abdominal walls, because they aid the peristaltic action of the colon to empty the large intestines of their fæcal contents. Here we see, then, that the same nerves supplying the abdominal muscles supply the parietal peritoneum and the skin over those muscles; and further, through the medium of such a map as this, we may have the indication of some of the spinal nerves proceeding to the serous membrane of the intestines, or to the other structures forming the walls of the intestines, thus bringing into harmonious association the muscular apparatus of the abdomen, its serous membrane, the skin over the muscles, and the intestines themselves.

I think I am not putting this proposition too strongly when I say that we never see a case of acute peritonitis where the abdominal parietes are not drawn backwards upon the contents of the abdomen. Perhaps the only exceptions are those cases of asthenic forms of peritonitis which depend upon the blood being poisoned; then the influence of the nervous system is as nothing, and we should not expect to find this tense and tight condition of the abdominal parietes. But excluding this kind of case, if the patient has acute peritonitis, the abdomen is, I believe, always drawn backwards, but with occasional spasmodic contraction. This, I apprehend, is an illustration of the effect of the same nerves supplying the peritoneum supplying, also, the abdominal muscles. The irritation of the peritonitis causes the contraction of the abdominal muscles, the sense of constriction or carrying backwards of the abdominal parietes towards the peritoneum.

A patient suffering from acute peritonitis always lies with the thigh bent upon the abdomen. There must be some reason for this, and I suppose it is for the purpose of removing tension, or rather, I should say, of removing opposition to the contraction of the abdominal muscles. I think this latter must be the true explanation of this position of the patient. This contraction may, in one sense, be regarded as a spontaneous effort on Nature's part to secure quiet and rest to the subjacent inflamed structures, suggestive, I think, of the value of artificial support to the abdominal parietes, in addition to the external use of fomentations strongly medicated with poppies and other anæsthetics, *belladonna*, *opium*, or *hemlock*. I had an opportunity of seeing this point well and practically exemplified some years ago by my friend, Dr. Daldy. He asked me to see with him a patient—Sir Benjamin Brodie saw him afterwards—who had extensive cancer in the rectum. This gentleman had consider-

able pain in the colon, and spasmodic contraction of the abdominal walls associated with his rectal disease, and he suffered a great deal of pain at night, so as to deprive him of his sleep. For the purpose of procuring sleep, it was essential that he should take opium; it was administered by the mouth, but the opium thus taken destroyed his appetite. Here was a patient suffering from cancer, tight abdomen, and pain, and we were giving him opium, and destroying his appetite. Well, it was suggested, that instead of giving the opium by the mouth, we might possibly relieve him by rubbing the opium into the skin of the abdominal parietes. We accordingly had a strong solution of opium made, and rubbed it upon the abdominal parietes every night and morning. From that time the patient had scarcely any pain or spasmodic abdominal contraction; he required no more opium by the mouth to make him sleep, and he regained his appetite. Here we have a clear exemplification of cause and effect in the local application of anæsthetics upon the exterior, leading to general repose or sleep, and actually nullifying or reducing the abdominal contraction, and the pain experienced in the (colon?) abdomen. I believe this plan of treatment is, as a rule, most imperfectly carried out in practice—I mean the application of anæsthetics to the cutaneous nerves.

We notice that, just in proportion as peritonitis subsides, so does the abdomen become softer, more pliant, more movable by the hand, and less tight to the patient. Here, then, if we have stated the facts and symptoms truthfully, we have evidence of the same muscular and cutaneous and serous association of nerves as are observed in regard to the nervous distribution to the joints, &c.

Now let us see how far we can apply this to practice. Every surgeon knows that after an operation for strangulated hernia, he need not make much inquiry about the general symptoms of peritonitis, for he has merely to put his hand upon the abdomen, and he may find that its state is quite inconsistent with peritonitis. If he finds the abdomen soft and pliant, however much the patient may complain of pain, there is no peritonitis, unless it be one of very low form indeed, associated with pyæmia, or depressed condition of the system through the medium of poisoned blood, which would manifest itself by other symptoms.

I do not mean to assert that a tight abdomen *per se* is indicative of peritonitis, because that may be the result of flatulency and a distended condition of the intestines, or reflected irritation, as in cases of hysteria; but in hysteria, although we may see great contraction of the abdominal muscles, that contraction is very irregular or unsteady. Sometimes it is in one part and sometimes in another, and upon gentle pressure it subsides; while tension which is associated with true peritonitis, so far as I know, never subsides under the influence of gentle or even of more severe pressure. If, then, we see here analogically a joint, we may say that the peritoneum is the synovial membrane, and the abdominal muscles represent the muscles moving the joint; so that if we meet with an abdomen the muscular walls of which you can freely move over its contents, we may conclude that the peritoneum in not inflamed, just as, when we see that a joint is perfectly movable and without pain, we may be sure that the joint is really not inflamed.

Now, let me place before you another illustration from the upper part of the abdomen, above the umbilicus. Here we see the lower intercostal nerves, those which are associated with the false ribs, after supplying the intercostals, passing through the edge of the diaphragm, or close to it, and then distributed to the abdominal muscles upon the upper part of the abdomen, and some going to the skin over the upper half of the abdomen. Here observe another relation between cause and effect of local inflammatory condition, which, if overlooked, leads to error in diagnosis, and the application of local remedies to the abdomen instead of the chest. In cases of costal pleurisy of the lower half of the chest, it is a common occurrence that the upper half of the abdominal parietes is tightly drawn backwards, and the skin over that part very tender to the touch, yet depending upon pleurisy of the lower half of the chest. Here we have, also, an exemplification of the same nerve supplying the muscles, the skin over the muscles, and the peritoneum associated with these muscles. The pathological cause, in pleuritic inflammation, is within the chest, yet the abdominal muscles are employed very much in respiration, and some of them (the recti) contain rudimentary ribs; and the nerves supplying them supply also the skin over the surface of the same muscles. But I never like to mention a fact of this kind in normal anatomy without fixing upon it some point in practice. It has been my habit through life to look on these matters in that way.

FIG. 30.

This sketch is taken from Mr. Swan's work on the Nerves.
a, Spinal marrow. *b*, Posterior filaments of spinal nerves, proceeding to the muscles and skin of the loins. *c*, The lines radiating from this letter proceed to the lower intercostal nerves, which are seen descending from above the diaphragm to reach their distribution in the muscles of the upper half of the abdominal walls and the overlying skin. *d*, Lumbar nerves proceeding to the lower portion of the abdominal wall and the skin. *e e*, Anterior abdominal wall. *f*, Rectus abdominis muscle. *g*, Obturator nerve, *h*, Diaphragm.

In July, 1860, a gentleman, aged twenty-two, whom I had known before, came to me, looking very ill. After a little detail, he said, "I have been very ill for some time. I have had such pain and spasm in my belly. I believe there was something wrong about my liver. And then my stomach has been getting bad. I have been treated for disease of the colon, I think you call it, and various other things, but I am not a bit better." I inquired of him, "Are the pains on both sides?" "Yes," he said, "the pains are here," placing his two hands over the pit of his stomach; "both sides alike." Having just before that time been lecturing upon the symptoms of diseased spine in this theatre, it struck me at first it was a case of diseased spine. I accordingly examined his spine, but I could find no cause there. I stated here last year that whenever we meet with an instance of symmetrical pains, the cause is either central or bilateral. Well, not finding a diseased spine, I questioned him further, and he said, "I cannot lie down in bed on either side, and in going up stairs I can hardly get my breath." I then thought I was upon the confines of a medical case, and ventured to percuss the chest, and recognised marked dulness on percussion. On applying my ear, I could recognise no respiration. He had a collection of fluid in each pleura. The whole thing was now explained. He had had these pains and cramps in the upper half of his abdomen, which misled his previous attendant, and induced him to concentrate his attention—which he did, I must say, with great energy—upon the viscera lying immediately under the upper half of the abdominal parietes. But the treatment was altogether misplaced. I directed this gentleman to be well and repeatedly blistered upon the chest, and so we got rid of the fluid. He then went down to the sea-side, and gradually improved, until he indiscreetly exposed himself to bad weather. Here, then, is an instance where the same nerves which supply the muscles supply the skin over the muscles, and where the local manifestation of the painful symptoms was exceedingly remote from the real cause of the symptoms. Through the medium of this nervous association and nervous supply, and the symmetrical development of the pains, I came pretty accurately and quickly to the real cause; and we know per-

fectly well that, whether in medicine or surgery, nine-tenths of successful practice depends upon accurate diagnosis, and if we can employ these nerves for the purpose of establishing an accurate diagnosis, we do much towards helping on a correct process of treatment. I may mention here an additional circumstance of interest, that the upper half of the abdominal parietes overlap or cover those abdominal viscera which seem to be importantly influenced by the process of respiration—the liver and perhaps the stomach, but the liver especially. The liver lies between the diaphragm and the abdominal parietes, and must be subjected to their pressure, which aids the hepatic circulation, especially when these two muscular structures are being actively occupied in the process of respiration. I mentioned this subject last year, and stated that the abdominal viscera are very liable to suffer congestive or inflammatory conditions when plethoric persons are suddenly thrown upon their backs, or confined to bed by accident, thus losing the opportunity of free respiration, and that under such circumstances the liver is especially liable to congestion and inflammation leading sometimes to jaundice.

It had been my intention to proceed with the examination of the pleuræ by the same method as that which I have applied to the peritoneum, but time has gone on very fast—too fast for me; and as I purpose devoting the two remaining lectures to the consideration of diseased joints, I must pass over the pleura, and detain you to-day only a short time in reference to the diaphragm.

If we look to the relation of the pericardium and diaphragm, we discover a correspondence in the distribution of the nerves which appears quite analogous to that which we find in the muscular apparatus moving a joint. May we not consider the fibrous pericardium as part of the fascial insertion of the muscular diaphragm? The pericardium is most intimately blended with it, distinctly identified with it, and capable of being acted upon by the diaphragm at all times. The pericardium, then, is a dense fibrous membrane, enclosed between two serous surfaces, attached above to the deep cervical fascia, and fixed below to the tendon of the diaphragm. Hence we may affirm, without disturbing anatomical facts, that the pericardium is part of the insertion of the diaphragm. And the object of this piece of anatomy, no doubt, is specially that during a full inspiration, when the lungs are distended with air and the right side of the heart gorged with blood from a suspension of respiration, the heart should not be encroached upon by the surrounding lungs.* Here one observes a peculiar circumstance. How extraordinary it is that the phrenic nerve (a nerve so important to life) can pass through the chest between the dilated heart and the distended and expanded lungs, and yet, as far as we know, never receive any untoward influence from pressure! It is true the normal healthy lung [illegible]ave, as I demonstrated long since, a remarkably defini[illegible]ncave form towards the heart, arching over the course [illegible] the phrenic nerve; but when the lungs are emphysematous, it seems to me quite probable that these nerves might suffer from pressure and cause some difficulty in breathing. I pointed out some years ago, where extravasation of air occurs into the posterior mediastinum from rupture of the trachea or a large bronchial tube, how it was that the patient died so rapidly, and with extreme shortness of breath; we found that the extravasated air, infiltrating the posterior mediastinum, had entered the track of the phrenic nerve, so causing extreme pressure of the nerve, and, by destroying the power of the diaphragm, leading to the rapid death of the patient. Let us trace these nerves below the diaphragm. The phrenic nerve, you know, in its course from the neck, passes through the chest, ultimately reaches the diaphragm, and is then distributed upon the inferior aspect of that muscle. Now physicians say that if a patient has pericarditis there is always a sense of oppression at the epigastrium. Some say there is a catch in the breath associated apparently with the diaphragm.

The clock reminds me that I must not dwell upon this, but I ought to have said that this phrenic nerve gives off a small branch as it passes along the middle mediastinum to the pericardium. I am not prepared to say, but I think it is probable, that this may be a sensitive filament of the phrenic nerve; and if so, we have the apparatus of a joint pretty well complete. We have the diaphragm, representing the muscular apparatus; we have the serous pericardium, representing the synovial membrane; we have the fibrous pericardium, representing the capsular ligament, and all capsular ligaments have muscles attached to them. We have here then, analogically, the rudiments or representatives of a joint; and although time will not allow me to extend this subject, I may remind you that we can easily understand, that if pericarditis can, through the medium of a cutaneous or sensitive filament going to the pericardium, produce muscular spasm, or contraction of the diaphragm, precisely as the nerves in the interior of a joint can lead to the muscular spasm of that joint, then we have an explanation of the sense of constriction and tightness and shortness of breath of which patients suffering from pericarditis usually complain.

* The vertical tension of the pericardium here referred to, as occurring during a forced and sustained inspiration, is effected by the respiratory muscles in the neck attached to the cervical fascia above, and the diaphragm attached to the pericardium below; or, in other words, these two muscular forces are acting on the interposed pericardium in opposite directions, and so render it tense and resisting.

ST. MARY'S HOSPITAL.

"DRILL FOR AUSCULTATION."—No. III.*

Clinical Lecture

DELIVERED JUNE 28th, 1861,

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	1. Flat ribs.	2. Bulged ribs.	3. Resonance.	4. Dulness.	5. Tubular breathing or voice.
A. Resonance	Lung recovered from pleurisy, or from condensation.	Air in pleura, or emphysema on contrast with flat side.			
B. Dulness ...	Lung solid and shrunk, from chronic disease.	Fluid in pleura, or aneurism, or malignant tumour.			
C. Tubular breathing or voice	Lung solid and shrunk, from chronic disease.	*If dull*, fluid in pleura, with solid lung.	Tubes stiffened, without solid lung.	Lung solid.	
D. Fine crackling	Recent action added to old disease.	Emphysema and roughened pleura, acute or chronic.	Lobular congestion, early stage of pneumonia.	Lobular congestion, early stage of pneumonia or pleurisy.	Lung becoming solidified or becoming pervious.
E. Coarse crackling	Lung solid and shrunk, from chronic disease, with muco-pus in bronchi and cavities.	*If resonant*, emphysema and bronchitis; *if dull*, fluid in pleura, with adhesions and bronchitis.	Bronchitis, with slight, if any, consolidation.	Solid lung, with muco-pus in bronchi or cavities.	Much muco-pus in large bronchi or cavities.

I place before you a table where you will find seventeen indications which (as a rule) the combinations of the easily recognised signs of pulmonary auscultation afford. It will be very useful to copy them out several times, that you may have impressed on your minds the exact amount of information which the process is capable of giving. Expect this much and no more, or you will be disappointed. Remember that auscultation tells you nothing of the *nature* of the substance whose morbid presence it has enabled you to detect. The "*fluid in the pleura with solid lung*," which "*bulged ribs*," combined with "*dulness*" and "*tubular breathing*," indicate, may be pus, serum, or blood—the history of the case alone can lead you to know which. The "*cavities*" in solid lung may be tubercular vomicæ, pneumonic abscesses, or dilated bronchi—the ear, unassisted by other records, does not enable you to diagnose. Fine or coarse crackling very often cannot be absolutely determined to be inside or outside the lung,—to be the crepitation of the tubes or the rubbing of the pleural surfaces. Do not attempt to decide by auscultation, but by other symptoms.

There are, however, a few by-aids to the diagnosis by aus-

* See No. I. and No. II., in THE LANCET of March 30th and April 6th.

cultation which are worthy of separate mention, in order that you may know how to use them worthily, and to caution you against their abuse.

1. *Whispering Pectoriloquy.*—When the patient whispers a few words of several syllables, and the distinction between the syllables is clearly heard, it is often taken as the sign of a cavity. It is an absolute sign of *diseased lung*, but not an absolute sign of a cavity, unless it is found in a limited spot with a clearly defined line, outside which line the voice is quite different.

While on this subject I would give you a hint about auscultating the voice. Always make the patients speak in words of several syllables: make them count "twenty-one," "twenty-two," &c.; not "one," "two." You get twice as much information thus.

2. *Cracked-pot Sound.*—A jingling noise like a cracked pot, or more like the striking of the clasped palms on the knee, as when we amuse children by imitating the jingling of money, is often produced by percussing a superficial large cavity while the patient holds the mouth open. But it is not a sign absolute. I used to show you last year in the wards a child with a cavity at one apex, where the cracked-pot sound never occurred, though it was remarkably distinct almost always in a perfectly healthy part of the opposite lung. It is caused exactly in the same way as the imitative money jingle in the closed hands—namely, by the air being *jerked* out of a partially open space. When the parietes of the chest are thin, it may thus be produced by the jerk of the air in the trachea or large bronchi. Do not, therefore, set store by it as a sign.

3. *Metallic Tinkling.*—This is a valuable sign of a very large cavity with small bubbles bursting in it. It is like the sound of a small shot or fragment of gravel falling in a thick metal vase. It shows the existence of either a vast vomica or of air in the pleura, with a communication open to the bronchi.

I will now go through the eighteen simple combinations into which these tabulated signs may enter, and point out what information you get immediately from them, and in what direction you are to seek for more on which to ground your diagnosis.

Combination A 1.—The *flattened ribs* show that some morbid state has existed; there has been either inflammation of the parietal pleura, which has thickened it with contracted scars, or a condensation of the lung for a sufficiently long period to leave cicatrices, and to diminish the volume of the organ. But the recovered *resonance* shows that the lung is again at work—that the fight is over, and that corn again grows on the battle-field.

A 2.—Be quite certain that the *bulging of the ribs* is not merely apparent, and that the other side, being flattened from disease, does not make them seem too rounded and prominent by contrast. If they are really *bulged*, and yet resonant, there must be a larger body than natural beneath the point of percussion. And this air must be either in the pleura (pneumothorax) or in the lung (emphysema). If the former, you find a peculiar resonance like that produced by tapping the stomach under the ribs, you find the breath-sounds quite absent, and probably also "metallic tinkling." If the latter, you have breath-sounds, perhaps bronchial breathing, and not unfrequently a peculiar crackling like the crumpling of fine tissue-paper. When you hear this "crumpling," it is very distinctive. It arises, I would suggest, from the rubbing of the rugged, bubbly-looking pleura of the lung against the parietal.

B 1, C 1, and C 4.—Solidification of the lung makes it dull, and makes the voice and breathing bronchial or tubular, whether arising from pneumonic acute condensation, or from such a chronic cause as tubercle. But if the cause be chronic, the ribs will be flattened in proportion to its chronicity and the length of time it has endured.

B 2.—*Dulness* on the *bulged part* of the ribs shows that some matter more solid than air is bulging them. In the lower part of the chest it is most probably Fluid, and then you must try if you can a confirmation of your diagnosis by making it move about as the patient changes his position from one side to another. In the upper part it may be an Aneurism of a trunk vessel, and then you get pain on pressure of the corroded ribs in the place where they are gnawn away by the lump inside. To the diagnosis of a pectoral malignant tumour you can arrive only *par la voie d'exclusion;* but in all the cases I have seen, the veins, by their remarkable prominence in the immediate neighbourhood, have led me to the suspicion.

C 2.—The only case where bulging of the ribs is likely to be joined with tubular breathing is where a lung adherent to the ribs is condensed by the pressure of fluid, and then absolute dulness is of course produced.

C 3.—The larger air-tubes sometimes become stiff and hard from chronic degeneration without any hardening of the lung-tissue, especially in old people, and then you get *resonance* combined with *tubular sounds*. The knowledge of this chronic degeneration is important, as it leads you to expect future degeneration in more important viscera,—such as of the lung-tissue, in the form of emphysema; of the kidneys, as Bright's disease; of the heart, as dilatation, &c.

D 1 and E 1.—The flat ribs show that there is chronic disease of some standing, and this will modify the activity of your treatment of the acute action indicated in its first stage by the fine crackling, and in a later stage by the coarse crackling. In such a case as this, the fine crackling is an evidence *against* a vomica; while the coarse crackling (especially if bounded by a sharply-defined line) is the best single evidence you can have of one being already formed.

D 2.—The condition of fine crackling or crumpling as a sign of emphysema has been just mentioned under B 2.

D 3, D 4, and D 5.—When only separate lobules are congested (as in the first stage of pneumonia), the quantity of air in the lung is not sufficiently diminished for dulness on percussion to be distinguishable by the ear; but when the whole substance of the lung is infiltrated with blood or serum or fibrin, instead of air (as in a more advanced stage), comparative dulness is to be perceived. However, this is not such absolute dulness as in a further stage, when it is so solidified that no air enters. Then fine crackling ceases, and silence or coarse crackling or tubular sounds take its place. Then, as the lung again becomes pervious in the course of cure, fine crackling returns; the acoustic condition of *becoming* solid and of *becoming* pervious being the same, though the fluid which causes that condition is different.

E 1, 2, 3, 4, 5.—A *coarse crackling* is distinctive of nothing but the immediate cause of the sound—viz., a thickish fluid in the area where it is found, whether bronchi or vomicæ. It may be associated with all sorts of conditions of lung. You hear sometimes physicians pronounce that there is "bronchitis" in a certain case, and expect those who have consulted them to be satisfied with such a diagnosis, and nothing more. It is no diagnosis at all, and certainly not worth a guinea; for it helps in no degree in the treatment, and gives no information available for prognosis. Every patient with emphysema, chronic or acute catarrh, hard tubercle, vomicæ, pleurisy, and what not, has from time to time a secretion in the bronchi (or bronchitis), and to declare with grave sapience that "there is bronchitis," is simply to put into bad Latin what the patient has been telling *you*—namely, that he has got a cough. No; when you do take your patients to a physician, get something more out of him than that.

Now, in these three lectures I do not profess to have said all I should say if I were writing a volume on the auscultation of the lungs; but I really think I have mentioned all that is actually available at the bed-side—all that you see me use in the wards. I have spoken my opinion plainly, because I am a plain man; and if in so doing I have harshly overthrown any pet idols of my audience, I pray they will excuse me on the score of good intention.

ON ANASARCA.

BY CHARLES WITT, L.R.C.P. LOND.

THE following method of relieving that well-known result of internal disease—anasarca, may prove of interest to the profession. It is, to say the least, well worth a careful inquiry, whether something cannot be done, however temporarily, to effect the removal of the water, and thus to save our patients much of the alarm and annoyance of this addition to their sufferings.

Let me premise, that there appears to be nothing in anasarca partaking of the character of a curative effort of Nature; it is usually the consequence of a mechanical obstruction to the circulation, and experience has not yet shown whether there is any valid objection to such consequence. Medicines have been plentifully administered with this object, but, it is well known, with no satisfactory results; and I venture to hope, therefore, that in the simple process here submitted means of relief will be found. By an easy and painless operation (founded on the structure of the tissue where the mischief lies) the whole of the serum can be quickly discharged.

The way in which this may be accomplished will be best shown by detailing a case and its treatment:—

A lady in Northamptonshire had long suffered from anasarca, the result of heart-disease. From the chest downwards the body was so much distended with fluid that for many months she had been unable to lie down, but was obliged to sit day and night on a chair. On account of her size and weight, every requisite movement was effected with difficulty; her breathing was short and laboured: to be brief, her death was almost from hour to hour expected. At a consultation on the case, Dr. Robertson (consulting physician to the Northampton Infirmary), Mr. Dix (of Long Buckby), and myself being present, the following mode of relief was adopted in the utter hopelessness of any other:—Each leg was placed in a separate foot-bath, when a lancet was deeply inserted into the mass of cellular tissue, which projected most on the outer side of each ankle. A stream of water instantly began to flow from both apertures, and continued to do so with such volume and rapidity that in less than twelve hours the whole of it was removed, and the body and legs had assumed their natural size and form. Bandages of flannel were repeatedly applied as the diminishing size required, and were kept tight about the body as a precaution against faintness. The relief to the patient was immediate and gratifying, and for the first time for several months she lay down on her bed and slept comfortably. There was, of course, a slight oozing from the apertures; but these, being kept closed by adhesive plaster and bandages, readily healed—almost as soon, perhaps, as they would have done in a patient otherwise healthy. The operation was subsequently performed by Mr. Dix six or seven times during the remainder of the lifetime of this patient, which lasted about five months after the first administering of relief, and the water was never again allowed to accumulate so as to cause inconvenience.

I trust that a satisfactory proof is here given of what may be safely done, even in the advanced stage of anasarca; and I submit that the same treatment will prove efficacious in its earlier stages by the removal of smaller accumulations of water, while the operation may be repeated as often as is required. Some faintness occurred after the first operation in the above case; indeed, the loss of a large quantity of fluid which has so long pressed on the bloodvessels must inevitably cause this tendency. Hence arises the necessity of keeping a bandage round the body; and it is necessary also that the patient should keep strictly quiet for some time. As to erysipelas following this operation (the probability of which has been suggested by one or two of my medical friends), I am not of opinion that this is much to be feared. Let me add, that if patients afflicted with anasarca are to be left without artificial aid in the discharge of the serum collected,—what follows? Nature attempts it, in a somewhat similar, but ineffectual, manner; the distension goes on increasing, till at last the legs burst open by ulceration, and then only a partial escape of the fluid takes place; no real relief ensues, not to speak of the pain of so tedious a process. In the majority of cases, I believe that certain relief may be given, as well as life prolonged.

Spring gardens, Oct. 1861.

SUCCESSFUL OPERATION FOR THE CURE OF VESICO-VAGINAL FISTULA WITH IRON-WIRE SUTURES.

By JOHN JAMES, L.R.C.S.I.,

MEDICAL OFFICER TO KILKENNY UNION INFIRMARY AND FEVER HOSPITAL, SURGEON TO THE COUNTY GAOL, ETC.

C. B——, aged twenty-six years, admitted into Kilkenny Union Infirmary May 27th, 1861. Was confined of her first child on the 24th of April last, after prolonged and tedious labour, but without instrumental aid. Sloughing of the bladder followed, and complete incontinence of urine was the result. At the date of her admission every drop of urine escaped involuntarily, whatever position she might be in.

Upon examination, an opening was found in the fundus of the bladder, which would admit the largest-sized catheter with ease. The margins were soft and unindurated. Externally, he parts were excoriated by the constant dribbling away of he urine.

determined to attempt to relieve her from the distressing condition she was in by an operation with iron-wire sutures, as practised by Dr. Simpson; and on the 27th of June (her bowels having been previously acted on by an enema) I proceeded to operate, assisted by my colleague, Dr. Potter, and Drs. Kinchella and Fitzsimons, who kindly co-operated on the occasion.

The patient was placed on her knees and face on the operating table; consequently no chloroform was used. The vagina being then dilated with the duck-bill speculum, held by an assistant, I took hold of the lower edge of the fistula with a tenaculum, and pared off about two lines in breadth of mucous membrane round the opening with a straight spear-shaped knife; and having carefully examined the cut surfaces with the help of a convex lens about four inches in diameter, which I found very useful for the purpose, removed every portion of mucous membrane likely to interfere with the success of the operation.

After a delay of a few minutes to allow the bleeding to cease, I inserted three iron-wire sutures with the tubular needle, assisted by the blunt hook, supporting them while being drawn out on the fork invented for the purpose by Bozeman; and having pressed together the raw surfaces with the finger of the left hand, while the wires were held tightly in the right, I passed along the sutures the twisted-wire splint, prepared as recommended by Dr. Simpson, and made it firm against the wall of the vagina by twisting each pair of wires over the lower bar. The cut edges were found by this means to be kept immovably fixed, and in close apposition. The patient was now removed to bed, and a metallic catheter, of the usual sigmoid shape, placed in the bladder. Some irritability of stomach and vomiting ensued. She was directed to take one grain of opium every third hour, and to have a milk diet.

(I may here mention, that the bed used in this case was constructed on the plan contrived by Dr. Corrigan, the web bottom being covered with folded blankets, so arranged that an opening was left in the centre between two of the bands, protected from wet by gutta-percha tissue, through which the urine drained away to a vessel placed underneath, without any inconvenience to the patient.)

June 28th.—She passed a good night; no urine escaped through the fistula; the catheter was removed night and morning, and the vagina syringed with tepid water.

30th.—Going on well; no escape of urine.

July 1st.—Her bowels were freely moved three times to-day, and in consequence the catheter came away; but no urine escaped until it was replaced. She continued to progress favourably until the 5th, when the catheter, becoming irksome from its weight, was replaced by a gum elastic one of the same form, kept in shape by a slender wire stilette, and she expressed herself much relieved by the change.

6th.—This being the ninth day, the splint was removed by dividing the sutures with scissors under the lower bar and raising it up, when the edges of the opening were found to be perfectly united. The catheter was kept in for two days longer; after which she was directed to pass urine at short intervals at first, which she did without pain or inconvenience.

20th.—No escape of urine through the fistula since the operation.

The patient remained in hospital until July 31st, when she was discharged, being perfectly free from all trace of her former complaint.

Kilkenny, 1861.

VACCINATION THROUGH COW'S MILK.—M. Soubie, of Libourne (France), states, in the *Gazette des Hôpitaux* of the 10th instant, that he vaccinated the teats of a cow, and obtained two fine vesicles. The milk of this cow was given to two children, one six months old and being brought up by hand, the other fourteen months and weaned. The first took this milk for two days, on the fifth and sixth day of the vaccination of the cow; the second drank it only one day, on the eighth day of the vaccination. This latter child consumed about ten ounces of the milk; the first, nearly double that quantity. One month after this experiment the two children were vaccinated in the usual manner, but with a negative result; whilst the same lymph used with them acted very fully upon another child vaccinated at the same time. M. Soubie was induced to try this indirect mode of vaccination by a case in which a mother who was suckling an infant, and who was attacked with small-pox, continued to nurse her child, the latter becoming affected with slight fever without eruption. At two and five years old this child was attempted to be vaccinated, without result; and even at sixteen, vaccination proved of no effect. So M. Soubie inferred that this child had been protected by the milk of the mother.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

GREAT HYPERTROPHY OF THE RIGHT TONSIL BLOCKING UP THE PHARYNX; REMOVAL BY THE ECRASEUR WITHOUT ANY HÆMORRHAGE.

(Under the care of Mr. LAWRENCE.)

IT is by no means uncommon to see a chronic enlargement of the tonsils exist to such an extent that the two shall meet, and partially block up the back part of the throat. Under these circumstances, when all other treatment proves unavailing, excision affords the only means of effectual relief, and this is generally accomplished by the knife or the tonsillotome. Extreme hypertrophy of these glands cannot be so readily got rid of, for the ring of the latter instrument is of too small a diameter to encircle the tumour, and there is great danger of hæmorrhage from the use of the knife. A very rare example of extreme hypertrophy is recorded by Mr. Falloon, of Liverpool, in a previous volume of this journal, (THE LANCET, vol. ii., 1858, p. 522;) he described it as a "monster tonsil" on the right side of the mouth, associated with a polypus of the corresponding nostril. It occurred in a man, aged twenty-four, who had great difficulty of breathing, speaking, smelling, and swallowing; the whole of the back part of the mouth was filled by an uneven tumour as large as an egg, and there was no apparent aperture to breathe through. The uvula was pressed behind the velum, and both were ulcerating away by the increasing growth and pressure of this tumour. It felt nodulated, hard, and movable, and had followed upon a chill a few months before. Mr. Falloon endeavoured to pass a ligature around its base, but without success, in consequence of its size, and the danger of suffocation; the ring of a tonsillotome would not admit a fourth of the tumour. There was no alternative but to slice it off piecemeal, and this was practised with success until the whole of it was removed, and fortunately the bleeding was not excessive. The tumour had occupied the whole of the pharynx.

This condition of extreme hypertrophy is so rare, that many surgeons of large experience have not met with an instance of it. For the first time in the practice of Mr. Lawrence and Mr. Skey, a somewhat similar case presented itself lately at St. Bartholomew's Hospital.

A stout agricultural labourer, forty years of age, but with the look of a man of fifty-five, was admitted in the month of June last for enlargement of the right tonsil. It caused some inconvenience, but was not then of unusual dimensions, and was excised by the tonsillotome. The man got well, and returned to his home in the country. About the end of September he re-entered the hospital, with many of the symptoms present in Mr. Falloon's patient—namely, dyspnœa, dysphagia, and partial aphonia. On examining the throat, the entire back part of the mouth was filled by a large tumour, which seemed wholly to obstruct the passage downwards either into the œsophagus or larynx. It was readily made out to be the right tonsil, the one that had previously been enlarged. As the man's life was actually in danger from suffocation, Mr. Lawrence determined to remove the tumour, and he was brought into the operating theatre for the purpose on the 12th inst. As it was quite impossible to apply the tonsillotome, and as the risk of hæmorrhage was very great by the employment of the knife, a preference was given to the écraseur. This was applied with a little management around the tumour, the chain encircling its base close to the wall of the pharynx; it was gradually tightened, and in the course of a quarter of an hour the growth was wholly detached. No hæmorrhage whatever occurred, and the relief to the poor man was immediate and decisive. During the operation, which was done without chloroform, he sat in a chair, and had occasional attacks of dyspnœa, with frequent attempts to vomit. He loudly expressed his gratitude in being thus effectually relieved.

The tumour was of the size of a hen's egg, but had shrunk a little on removal. It was lobulated, not hard, and on section presented the characters of simple hypertrophy of the true glandular structure, without any evidence of malignancy. There were no deposits of fibrin, and there was nothing in the patient's history to show that it was even the result of inflammation. The man is progressing without an untoward symptom, and will shortly leave the hospital.

UNIVERSITY COLLEGE HOSPITAL.

CONCUSSION OF THE BRAIN, WITH PARALYSIS OF THE LEFT ARM; PERSISTENCE OF THE FORMER; RECOVERY, WITH IMPAIRED INTELLECT.

(Under the care of Mr. QUAIN.)

OUR space will not permit us to do more, on the present occasion, than to draw attention to the widely-marked differences in the symptoms of the cases of injury to the head which we now place on record. Each case is full of instruction, and contains peculiarities not often met with. A striking contrast will be observed between the following case—kindly furnished by Mr. Charles Orme, Mr. Quain's late house-surgeon—and that under the care of Mr. Holthouse. In the latter, notwithstanding the terrible nature of the cerebral lesions, the patient was enabled to walk to the hospital. In Mr. Quain's patient, it is extremely probable that the brain has received such a shock as will either render it liable to the occurrence of inflammatory disease from slight causes, or induce a permanently irritable condition of that organ.

John C——, aged forty, a warehouseman in a feather loft, was admitted on the 21st of June, 1860, at twelve o'clock in the day, in consequence of a fall about half an hour previously. He fell through a trap door on to the floor below—a distance of ten or twelve feet. He was found lying on his left side, his hands extended, insensible, and could not be roused; he did not speak. There were several unsuccessful attempts to vomit. No urine or fæces had been passed. It was ascertained from his wife, that he had always been a healthy man; that he was not paralysed prior to the accident; and that he had suffered much from headache lately.

On admission his face and lips were pale; the pupils sensible to light. His eyes open when his name is called loudly; but he makes no reply to questions. No blood or other fluid from either ear. Pulse 60, regular and full; respirations 30. The hands are cold, but the trunk is of natural temperature. When the eyes are touched, there is no movement of the lids; but he raises his right hand to the part as though he experienced inconvenience. The left arm is paralysed, dropping like a dead weight when raised. The right arm is uninjured. Sensation is perfect in all parts.

On examination three hours and a half after admission, contusions were found, with diffused redness over the left temple—viz., at the anterior margin, where bounded by the frontal bone, and on the malar bone. It is thought probable that it was this part of the head which was struck in the fall. The pupils are contracted when the lid is raised, but gradually dilate under the influence of daylight. The patient is apparently snoring, and there is a puffing of the left cheek during expiration. He now tosses about his right arm. During the examination he handled his penis with his right hand, and passed urine. The movement of the left side of the chest is very indistinct. When disturbed, he moves himself uneasily, and the snoring and puffing cease, recommencing when he is left quiet. Pulse 64. By various experiments it is ascertained that motion is present to a greater or less extent throughout, with the exception of the left upper extremity; that sensation is not completely lost anywhere. When his left arm is pinched, he tosses about his right arm. When the left foot is thus treated, he first tries to protect it with his right foot, and afterwards slowly draws up the left leg. The treatment consisted of hot bottles to the feet; the head kept low; plenty of clothes around him. Diet, milk and beef-tea (warm).

Third day.—Snoring and puffing of cheeks ceased; no vomiting; the fæces and urine passed involuntarily. Patient very restless; he once threw himself from the bed, cutting and

bruising the left eye. Pupils sometimes dilated, sometimes contracted; they retain their proper axis. Movement in the left arm is observed for the first time; recognition is evinced to loud and repeated questions; pulse same since admission, varying between 50 and 60, full, not compressible; surface of body moderately warm. After throwing himself about, pulse slightly increases in rapidity, but becomes weak and irregular. He was confined to bed by a sheet loosely passed round his waist; simple enema; extra nurse at night.

Fifth day.—On left side; still unconscious; eyes closed; breathing tranquil; mouth a little open; at times he moves about uneasily; there is a fixed frown. When told to put out his tongue, he puts it between the teeth, and no farther. There is frequently a muttering, though indistinguishable, after being disturbed; skin and pulse remain the same; sensibility of left leg markedly less than of right, but he moves the former when pinched. Blister behind neck; another sheet round legs.

Seventh day.—Two o'clock: Answers questions, but not rationally; pulse very slow, languid, and thready. Ordered five grains of sesquicarbonate of ammonia in an ounce of decoction of cinchona thrice a day.—Five o'clock: Pulse, though soft, is fuller. He has passed his urine voluntarily for the first time, calling for the utensil previous to doing so. Was permitted to take some bread and cheese, because he asked for it, also half a glass of ale. Port wine, two ounces, added to diet; enema ordered when necessary. — Ten o'clock: Pulse still further improved in strength; surface of body warm; patient sleeping calmly; pupils contracted.

Eighth day.—Distinguishes between agreeable drinks and medicine; assists in raising himself to take food, &c.; still restless, and has muttered to himself a good deal; pupils dilated, contracting when exposed. His urine is passed sometimes voluntarily, sometimes the reverse; the evacuations are involuntary. Temperature of body affected by very slight changes; pulse very sensible to any description of change in position, temperature, or to stimuli of any kind.

Twelfth day.—On right side; is dozing. He puts his tongue well out when asked to do so; he gives his right hand after an interval, when told, but not his left hand; he grasps firmly with the right hand, feebly with the left; he is conscious when the bowels act; his evacuations and urine are, however, generally passed in the bed. Pulse 60, feeble; skin cool.

Fourteenth day.—When told to do anything, he does it at once, giving both hands, and raising both legs. He is not so restless, except when moved about; he is more manageable. Surface of body warm and moist; tongue slightly furred, reddened at tip, but moist; pulse 60, regular, but feeble. There are slight excoriations over the right elbow, also over both the great trochanters. To take three grains of calomel thrice a day; blister to nape of neck.

Fifteenth day.—Patient lies on his back. There is a slight movement of the ala nasi in respiration. He is perfectly quiet during examination. Pulse 64, stronger; respiration 16.

Nineteenth day.—Pulse 84, small and feeble. Calomel powders to be suspended; meat given; and two grains of sulphate of zinc thrice a day.

Twentieth day.—Arch of lower lip is obliterated on left side; right nostril is larger than left. When told to frown or to shut his eyes, he seems to have less power of left orbicularis; tongue is deviated slightly to left side. He is very restless, and when not asleep is constantly talking, and calling for different persons. When spoken to, he answers coherently and reasonably; he denies suffering pain in head or elsewhere; comments upon the nauseous taste of the medicine; suffers from flatulence; does not feel hungry or thirsty, only a little faint. Pulse 74, small and feeble; body warm.

Twenty-second day.—Pulse 76, small and feeble; he is more restless and noisy.

Twenty-fifth day.—Pulse 84, feeble; he is very noisy. All stimulants suspended; head shaved, and evaporating lotions to scalp; blister behind neck.

Twenty-sixth day.—To have twenty-five minims of Battley's sedative solution at night.

Twenty-seventh day.—The solution increased to forty minims; ice to head; blister to each calf.

Twenty-eighth day.—Pulse 88, feeble; head warm; left arm and leg colder than those on opposite side; patient is very noisy, and has illusions; he appears much depressed by his constant restlessness, and is hoarse with bawling.

Thirtieth day.—Pulse 84, full; he is very violent, throwing everything away from him, and dashing his hands against the walls; he has attempted to strike his attendants; his feebleness during the intervals of quiet is very marked. Nothing given in shape of stimulants or medicine; room kept at a high temperature by means of a fire; body surrounded with blankets, and hot bottles applied to trunk and lower limbs; blisters of leg to be kept open.

Forty-eighth day.—Patient is now quiet; his intellect appears much affected; at times he recognises individuals, at other times not; he sometimes answers questions rationally, but at other times not; all violence and restlessness have subsided; he appears to be half witted. Ordered three grains of quinine thrice a day; nourishing food *ad libitum*; no wine or beer.

Fifty-sixth day.—Ordered one pint of beer per diem.

Fifty-eighth day.—Patient was discharged to-day. His condition was as follows:—Although still affected mentally so as to resemble a child in manner, he can recognise the persons who stand around him; he can remember the names of places with some difficulty; he can walk with but slight assistance; his powers of motion and sensation are completely restored; his appetite is good, as is also his temper; he speaks slowly, but distinctly; his senses are none of them impaired.

WESTMINSTER HOSPITAL.

COMPOUND FRACTURE OF THE SKULL, WITH PROTRUSION OF THE SUBSTANCE OF THE BRAIN; RECOVERY.

(Under the care of Mr. BROOKE.)

IF the membranes of the brain are lacerated and the substance of the latter is protruded in compound fracture of the skull, the prognosis is very unfavourable, for usually a fatal result ensues. In the following case, where these serious lesions were present, with an extensive depression of the fractured bone, there was a remarkable absence of the graver symptoms, and a recovery took place.

For the notes of this case and the next one we are indebted to Mr. Rutherford Adams, house-surgeon to the hospital.

Harriet T——, aged nine years and a half, was admitted into the hospital on the 18th of June, 1861, at nine P.M., under the care of Mr. Brooke, with a compound fracture of the skull, caused by a fall from off the banisters upon a flag-stone some twenty feet below. When brought in she was in a state of semi-collapse, could neither move nor speak, and remained for some hours insensible. On examination, the anterior aspect of the skull corresponding to the junction of the frontal and parietal bones was found to be depressed for a considerable extent, with a wound above the right eyebrow, from which a considerable quantity of blood was making its escape, and a jagged portion of brain-substance hanging from the opening. Two pocket-handkerchiefs which the friends had placed on the wound were completely saturated with blood, and it was reported that she had lost a large quantity previous to their application. Mr. Adams, the house-surgeon, removed the protruded brain and further examined the wound, but could detect no loose fragments. A compress of wetted lint was applied, and the child placed in bed. There was now found, in addition, a fracture of the lower end of the radius, which was put up on a pistol-shaped splint. There was slight bleeding during the night. She continued unconscious until the next evening, and then answered rationally when spoken to. She complained a good deal of pain in the head and wrist. On account of the increasing heat of the skin, the head was ordered to be shaved and cold lotions applied. To have strong beef-tea.

For three days there was complete loss of appetite. On the third day her tongue was coated, the skin burning hot, and there was much fever, for which she was ordered a dose of castor oil; this acted freely, and by the evening the febrile symptoms had partially subsided.

From this time she continued to improve. The wound, which was dressed daily, gradually healed, and there were no symptoms whatever of compression. She left the hospital one month after the accident, almost recovered.

Since the foregoing notes were written it has been ascertained that she was taken into the country, where she now is, perfectly well.

SYMPTOMS OF CONCUSSION, AFTERWARDS OF COMPRESSION; EXTENSIVE LACERATION OF THE BRAIN-SUBSTANCE, WITH EXTRAVASATION OF BLOOD.

(Under the care of Mr. HOLTHOUSE.)

H. B——, aged thirty-three, a brewer's drayman, was admitted at eight o'clock P.M. on the 4th of April, 1861. He had walked all the way from Wood's Brewery, in Victoria-street, to

the hospital, supported, however, by two of his comrades. He was unable or unwilling to answer any questions, but put out his tongue when told to do so. His pupils were contracted, his pulse 78. No external injury could be detected on examination of the head or any other part of the body, and there was no bleeding from any of the orifices. He was put to bed, and an enema of turpentine administered; shortly after which his bowels acted, and he got out of bed without assistance, and sat on the bed-pan, saying to the nurse who was proffering him assistance, "Leave me alone." These were the only words he uttered while in the hospital.

The patient was seen by Mr. Holthouse at ten o'clock the following morning. He was then lying on his back; his eyes were closed, his face flushed and congested, and he was perspiring profusely; the respirations were normal in frequency, but soufflant; the pulse 72, natural; the pupils neither contracted nor dilated, and not acting on the admission of light; the eyes were motionless, parallel with each other, and directed a little towards his left side; the belly was soft; the bladder empty, the urine having been voided involuntarily. On tickling the soles of his feet, vigorous reflex movements took place, especially of the right foot; but on raising the arms and legs, they fell of their own weight. The patient could not be roused by shouting to him or shaking him, and both motions and urine were passed under him. Sinapisms were ordered to the feet, and the head to be shaved.—Half-past two P.M.: He started up suddenly in bed, as if about to jump out of it, became black in the face, and his right arm and hand were firmly flexed and convulsed. This lasted for a few seconds only, and the house-surgeon, who was sent for, found that he had again sunk down into the bed, and was lying in the same quiet condition as before. He died calmly a quarter of an hour afterwards, and about twenty-two hours after the accident.

The history of the case, as obtained at the inquest, was the following:—He was riding on the end of his dray, in the Edgware-road, on the afternoon of the 4th of April, when he fell off, unperceived by the driver, who was sitting on the shafts. A passer-by having called the driver's attention to the accident, the dray was stopped, and the patient lifted into it, being at this time stunned and insensible. On reaching the brewery in Victoria-street, he had so far recovered from the stunning effects as to [illegible] all that he went about his usual work of lifting barrels [illegible] out of the drays; but he was observed by his companions to look pale, though he would not confess to being ill. Having finished his work about half-past seven P.M., he became insensible, and was no longer able to answer any questions. Two of his comrades, therefore, led him to the hospital, where he arrived at eight o'clock, looking and walking like a drunken man. He did not, however, smell of liquor; and it was stated that he had drunk nothing since the accident.

Examination of the body forty-two hours after death.—The body was stout and well formed; rigor mortis; great lividity of the left ear from venous congestion; slight subcutaneous ecchymosis in each temporal region—most in the right, none in the substance of the temporal muscles; dura mater shining, distended, and purple from blood visible beneath it over the whole of the left hemisphere and the posterior half of the right. On cutting through this membrane, a large quantity of semi-coagulated dark blood occupied the cavity of the arachnoid over those parts of the hemispheres where it had been seen through the dura mater. The cerebral veins were much distended towards the posterior part of the hemispheres from gravity. On proceeding to remove the brain, the under surface of the anterior lobe, and the adjoining part of the middle lobe, on the left side, were found to be broken down, as if ploughed up by blood which here existed in great quantity. A similar condition of the brain-substance was met with in the centre of the middle lobe of this side, just external to the corpus striatum; surrounding which there was also much bruising. There was a good deal of blood in the sulci between the convolutions of the left hemisphere, and in the anterior and middle fossa of the base of the skull; but the right hemisphere was uninjured, and no blood was extravasated between its convolutions. The most careful examination of the bones of the skull failed to detect any fracture. Looking at the general distribution of the effused blood, it would appear to have first escaped from the vessels of the brain at the parts torn, and then to have forced its way into the sub-arachnoid spaces, and into the cavity of that membrane, spreading first over the left hemisphere from before backwards, and then over the posterior half of the right from behind forwards. The viscera of the chest and the abdomen were healthy, as were the bloodvessels of all the cavities; the heart was empty; the kidneys were much congested.

GREAT NORTHERN HOSPITAL.

DEPRESSED FRACTURE OF THE SKULL FROM A KICK BY A HORSE; CONVULSIONS; REMOVAL OF BONE; FATAL RESULT.

(Under the care of Mr. LAWSON.)

W. P——, aged twenty, was admitted on the evening of August 11th. By occupation he was a groom, and was engaged cleaning a cart horse, when the animal struck out with one of his hind legs, and caught him with full force with his hoof in the centre of his forehead. He was taken up insensible, and in two hours' time was conveyed to the hospital. On admission he was quite unconscious, breathing deeply but not stertorously, and having strong epileptic convulsions every five or ten minutes. There was a jagged wound in the forehead, slightly to the left of the mesial line, of nearly three inches' extent, exposing an extensive fracture of the outer table of the skull, with one large piece of bone and several smaller fragments depressed. He was seen by Mr. Lawson soon after his admission, and he at once proceeded to remove the depressed bone. With the aid of the bone forceps and elevator, one portion of the outer table of the frontal bone, of about the size of a half-crown, which was wedged in, was removed, as well as several smaller pieces; but in removing one small depressed fragment near the upper and inner angle of the wound copious venous hæmorrhage ensued. So free was the bleeding, that it was evident that either the superior longitudinal sinus had been penetrated by a spiculum of bone, or else that a large vein of the diploe had been torn across, and that the piece of bone which was removed had for the time acted as a plug and checked the hæmorrhage. The inner table was found also to be depressed, but the blood poured forth in such quantities that Mr. Lawson would not remove it, as it was clear that if he did the blood would run into the cavity of the skull. No relief therefore followed the operation, and the epileptic convulsions continued, with only a few minutes between each, until four hours after, when he died.

Autopsy twelve hours after death.—On removing the skull-cap, the membranes were found entire, but towards the base of the brain they were somewhat separated from the bone. The longitudinal sinus was uninjured, and there was no blood effused within the cranium. There was an extensive fracture of the inner table of the frontal bone, and one large fragment was pressing on the membranes. The fracture also extended back along the roof of the left orbit, which was extensively comminuted, but in no part were the membranes of the brain at all lacerated. The brain, with the exception of being very much congested, was normal; there was no contusion of its substance apparent to the eye. The epileptic convulsions appear to have been produced solely through the irritation of the fragments of bone pressing on the membranes. The copious venous hæmorrhage was due to a tear of a large vein in the diploe, close to where it entered the superior longitudinal sinus.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, OCT. 14TH, 1861.

MR. COULSON, PRESIDENT.

DR. EDMUNDS exhibited a specimen of

STRICTURE OF THE COLON.

The patient, a single man, of steady habits, aged forty, lost his father from carbuncle at the age of seventy, a sister from phthisis at thirty-seven, and a cousin from cancer of the mouth at fifteen; mother alive, but gouty, and the rest of the family healthy, but not robust. Five months ago the patient was attacked with febrile symptoms, recurring every week, attended by colicky pains, a feeling of obstruction, and of want of sympathy between the upper and lower bowels, and a sharp, fixed pain above the pubis; nausea and sometimes vomiting or dejection followed, and he was then quite well. A fit of obstipation occurred in July. He was treated with opiates and distensive nutrient injections, and after a few days passed a quantity of feculent

matter, and recovered. Only a pint of fluid would pass the anus. After October 2nd his bowels never emptied themselves. The same treatment was applied, but without success. On the 7th, abdominal operation was contemplated, but deferred. On the 10th, sudden sinking supervened, and on the 13th he died.

Post-mortem.—Upper bowels much distended and congested, but peritoneum bright. Fixed to the edge of the pelvis, and fourteen inches from the anus, was a cincture of the intestine, a mere ring of condensed tissue, without tangible increase of volume, and presenting no clear cancerous characters. Amussat's operation might have prolonged life, or a tube might have been passed from below, and guided (through an abdominal incision) through the stricture, so as to stretch it without bursting the peritoneal coat of the bowel. Dr. Edmunds believed the latter might have been accomplished with success.

Mr. COULSON then read a paper on

A CASE OF SECONDARY ABSCESS WITH DISORGANIZATION OF THE KNEE-JOINT, FOLLOWING SCARLATINA AND PARTURITION.

The author observed that the case, though incomplete, was interesting from the circumstances under which it occurred. The question raised was connected with the state of blood-poisoning. How far was the fatal pyæmia connected with the puerperal condition? or was it to be regarded as connected with an intercurrent attack of scarlatina? The question whether secondary abscesses are deposits of pus from the blood, or are formed by pus carried from the original fountain of suppuration, was, he believed, now settled; and it was generally accepted that the secondary and local affections in the various forms of pyæmia might be purulent or non-purulent. Thus, in puerperal pyæmia, one joint might be the seat of a copious deposit of pus, while the joint next to it was the seat of apparently common inflammation; and again, these simple inflammations (or at least apparently simple) were just as dangerous as the most copious deposits of pus, both indeed being local manifestations of one cause, and deriving their gravity from that general condition. Pyæmia was now a recognised disease. Formerly it was ignored under the head of "typhoid symptoms." It was now acknowledged to be by no means unfrequent. This, it was contended, depended on the fact, not that the disease was less frequent formerly, but that it was now better known. Who, for example, ever thought, some years ago, of attributing a fatal termination after lithotomy to pyæmia? yet it was now known that purulent infection of the blood was no uncommon cause of death, not only after lithotomy, but after lithotrity; and records of practice in the last century proved that pyæmia after lithotomy was just as frequent at that period as at the present day. Another interesting point established by a more careful and recent investigation of this subject was the fact that pyæmia, like other blood-poisonings, had its degrees of intensity, and not unfrequently put on a chronic form.

Mr. Coulson then turned to the details of the case. On the 23rd of October, 1860, a woman (Jane A——) was admitted into St. Mary's Hospital, labouring under an affection of the left knee-joint. She was thirty years of age, healthy, and of sound constitution. She had borne five children; and on the 27th of September she had been confined of her sixth child, which was still-born. In a week she was nearly convalescent. At this time her children were attacked with scarlatina, and she slept with one of them. This occurred on the seventh day after her confinement. On the eleventh day, she dressed and got up; but on returning to bed she was seized with excruciating pain in the left knee. Fomentations were first applied; then a blister; but nothing gave her relief. On the fifteenth day after the symptoms first appeared, she was admitted into St. Mary's Hospital, under the care of his colleague, Dr. Tyler Smith. During the whole of her illness she was watched by himself (Mr. Coulson). It was now found that an abscess had formed over the patella of the left knee. The abscess was opened; and subsequently a number of abscesses formed around the joint, and were also opened in like manner. The discharge from them was never very considerable. The patient stated that she had been very feverish at the commencement of the attack; that her throat had been sore, her tongue very red; and that the cuticle had been peeling off during the last month. A stimulant and tonic treatment was adopted from the first—nourishing food, wine, brandy, bark, and ammonia. It was not attended by any marked improvement, though it seemed to retard the progress of the disease. The left lower extremity, however, became gradually contracted; and on the 21st of January last, had assumed a semi-flexed position. Hardly any movement of the joint could be effected; and from the appearance of the parts it seemed probable that secondary dislocation of the tibia backwards had taken place. From this time until the patient's death, which occurred on the 3rd of March, no change particularly worthy of notice took place.

Unfortunately her friends would not permit a post-mortem examination to be made. The body was greatly emaciated. The left lower extremity was flexed, both at the knee- and hip-joints. The limb was rotated inwards, and adducted at the hip. On the inner side of the knee joint was a large sinus, through which could be felt the inner condyle of the femur, denuded of its periosteum. The sinus, however, seemed rather to pass amongst the muscles than to communicate with the joint.

The question naturally arises—What was the nature of the disease, under the influence of which this rapid destruction took place? It could not be attributed to mere local inflammation. Mr. Coulson inferred that the disease had its origin in blood-poisoning, and next inquired, in what manner was the blood contaminated? There was here a choice between two causes, either of which was sufficient to explain the effect produced. The patient had been recently delivered, and it was well known that secondary abscesses and disorganization of joints occasionally occur after parturition. But the patient also laboured under a disease which is occasionally followed by blood-poisoning with its effects. She had undoubtedly been affected by scarlatina, and some would probably consider this as the source of the secondary affection.

Scarlatina, according to the best authorities, was often accompanied by a mild articular affection—by synovial inflammation, which closely resembled rheumatic inflammation of the joint, and soon passed away. This form had been described by Dr. Copland, Dr. Watson, Dr. Williams, and more recently by Dr. Willshire; but a more severe form was from time to time observed. Some five or six cases of the kind were on record. There were two forms of arthritis connected with scarlatina—the simple form, and the secondary suppuration of blood-poisoning. The same kind of secondary suppuration might be observed now and then after small-pox, and still more rarely after measles. But the connexion was incidental. Scarlatina and small-pox did not give rise to these severe attacks of arthritis in their character as exanthematous diseases, but because they were occasionally attended by local suppurations. The same effects were observed in certain cases of glanders, of dissecting wounds, &c., where the secondary abscesses and disorganization of joints did not occur, unless they had been preceded by suppurative inflammation of the absorbents, by phlebitis, or by some local deposit of pus. In the case of A——, Mr. Coulson was inclined to conclude that, although the secondary affection might have found its origin in the scarlatina, it more probably was connected with the puerperal state. The disease, then, under which the woman died was chronic pyæmia. This was a form which he had frequently observed, and in the investigation of which he was an early labourer. It did not necessarily terminate in death, because its chronic character might depend on the smallness of the quantity of poison taken into the system, or on the great resistance opposed by nature; but the cause, course, and symptoms of the complaint could leave little doubt as to the family to which it belonged; yet puerperal women were liable to these attacks of purulent inflammation of the joints, just in the same way as patients were liable to the same accident after injuries of the head, amputations, lithotomy, or other operations and injuries. For a long time the cause of death was not understood in these cases, and the origin of these purulent deposits quite unaccounted for. Various hypotheses were started; but nothing based on true scientific observation was established until Mr. Arnott took up the subject, and investigated it in a complete manner. Since then many new observations had been made, and general accordance now prevailed on the three following points:—

1st. The poisonous agent in these cases is pus.

2nd. The general symptoms under which the patient suffers or sinks are produced by the admixture of this pus with the circulating fluid.

3rd. The special lesions or secondary deposits found after death are the effects of the general poisoning of the blood.

The author would, however, go further, and say that any disease (as well as lesion) accompanied by the formation of pus might give rise to the poisoning, provided there was a way for the poison to enter the circulation. The fact was, that in a majority of cases it was not the pus from inflamed cellular tissue which entered the circulation, but pus secreted by the veins in or near the part primarily affected. The immediate cause, in a word, was phlebitis. The train of events was briefly as follows:—First, secretion of pus—a drop or two would suffice. This pus, or some poisonous portion of it, either passed into the circulation or excited suppurative phlebitis somewhere. In

either case there was contamination of the blood, with its dangerous and almost always fatal effects—typhoid fever and severe local disease. But great variations occurred both in the course and intensity of the general symptoms, as well as in the secondary effects. The exciting cause was a morbid poison, and it was known from experience—in syphilis, for example—how much the effects and course of such poisons were liable to be modified, partly by the quantity taken in, partly by the constitution of the patient or the weakness of the organs. Thus the poisoning might assume a chronic form, or it might be made up of a succession of subacute attacks, depending probably on successive introductions of pus. In such cases the general symptoms were irregular and obscure. In some, the first symptom had been a violent attack of one or more joints.

Several years ago the author published some fatal cases of articular disease in puerperal females, and even at that early period expressed an opinion, "That contamination of the blood appeared to him the most probable explanation of the varied phenomena of these affections." That opinion need only be modified by adding the word "pus," to be correct according to present views. These attacks were not common or ordinary arthritis. They were developed under circumstances quite different from those which produced other forms of articular disease. The inflammation was often peri-articular, and the pus confined to the exterior of the joint. In other cases we had copious effusion of pus into the joint without any trace of inflammation whatever. This was not ordinary disease. The formation of pus bore no relation whatever to the intensity or duration of the articular disease, as was the case in other affections of the joints. Besides this, the mere serous form, taken by itself, was just as dangerous in its results as the purulent form. Lastly, the constitutional symptoms accompanying these attacks bore no relation to, and could not be explained by, the arthritic disease, if regarded as common inflammation. We must look, then, deeper for the cause of these affections of the joints in puerperal women, and consider in each case whether the disease be of an ordinary kind, or one which must be referred to blood-poisoning. Articular disease appeared in puerperal women under three circumstances—viz, during puerperal fever, after convalescence from the fever, or after parturition without its having been preceded by fever or other manifest disease. In all cases the disease was the same, though the symptoms were always more or less marked by those of the puerperal fever when that complaint existed. The secondary joint affections were the same under all these circumstances. They might be purulent, articular or peri-articular, acute or chronic. These differences likewise existed in cases of joint disease arising from blood-poisoning after amputations, &c., and this was a very important point to notice. Finally, then, why did he infer that these articular affections of puerperal women had their origin in purulent infection of the blood? Because their symptoms, course, termination, effects,—in a word, all the laws of their manifestation,—were precisely the same as those which prevailed in other cases where the influence of pus-poisoning was universally admitted. Besides, in a majority of cases, pus had been discovered in the uterine veins or lymphatics, or in some of the tissues about the uterus. In chronic cases this original source of the poisoning might not be discovered; it might have disappeared, but it was surely more in accordance with the spirit of philosophy to refer similar effects to similar causes rather than to seek in unknown influences the explanation of a few exceptional cases where direct agency might have escaped detection.

Dr. COPLAND, after congratulating the President on his very excellent paper, remarked that, having been consulting physician to Queen Charlotte's Hospital for the last thirty years, he had had frequent opportunities of observing the forms of purulent inflammation described by the author. The majority of the cases had terminated fatally. He considered that the period at which this affection was most likely to attack the patient was in the first or second week after her confinement, during the discharge of the lochia.

Mr. HENRY LEE considered that of all the blood-poisons, none was so deleterious as decomposed fibrin. It will, he said, produce much more formidable symptoms than the introduction of any amount of healthy pus; and he believed that the secondary abscess and typhoid symptoms in the case related by the President, and which had terminated fatally, were to be referred to this cause. After parturition, the healthy veins were blocked by fibrin; scarlet fever then attacked the patient; the healthy action of the occlusion of the vessels was interfered with; a portion of fibrin became decomposed, and was carried into the circulation. He suggested as a question worthy of consideration, whether other kinds of inflammation besides those of a purulent character might not also be followed by their own peculiar secondary inflammations.

Dr. EDMUNDS quoted the case of a lady who had been under his care, and from whom he had extracted the placenta after the birth of the child. The patient progressed favourably for the first two days, but she was shortly seized with very urgent typhoid symptoms, the heart became oppressed, and she ultimately died. In the same house Dr. Edmunds saw a child dying of scarlet fever.

Dr. RICHARDSON thought that in these cases of purulent inflammation it was a question—first, whether there was a preliminary state in which pus was formed in an organ or tissue previous to the blood-poisoning; or, secondly, whether the change took place primarily in the blood? He did not believe in the absorption of pus, and considered that the change originated from within, and not from without; and that pus formed outside the circulation did not enter into the blood. The mere injection of healthy pus into the blood will not produce blood-poisoning. One drachm of pus when thrown into the circulation will not often affect a dog. But supposing the cause to occur from within, and looking on an increase of fibrin in the blood as productive of the peculiar class of inflammations described by the President, we had in puerperal fever and scarlet fever increase of this element. In puerperal fever there was as much as 9 parts in 1000; and in scarlet fever, 4 in 1000. Hence in these affections depositions of fibrin were liable to take place. He thought that in all probability pus was formed out of fibrin; and he regarded in these cases the formation of abscess as beneficial.

Mr. BARWELL remarked, that he did not believe that absorption of pus was a cause of purulent inflammation. A physiological society in Edinburgh had injected four ounces of healthy pus into the jugular vein of a donkey, and the animal recovered. The operation was repeated in a few months afterwards without any injurious results following

Dr. LANKESTER cited the case of a patient who had suffered from all the symptoms of purulent absorption; but there was no assignable cause, except the bad condition of the drains of the house in which he was residing. He believed that putrefying matter might be introduced into the system by inhalation.

Dr. MACKENZIE thought that in the particular case described by the President, it was a question whether the typhoid symptoms, and the affection of the joints, depended on the puerperal state, or how far they were assignable to the scarlet fever. He thought that the evidence was in favour of the scarlet fever poison, as the woman had been confined twenty days before any urgent symptoms had presented themselves; and he had observed that these septic fevers usually occurred in the first or second week after parturition, and it was during the period of the discharge of the lochia that there was the greatest liability to puerperal fever.

The PRESIDENT then replied.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, OCTOBER 15TH, 1861.

DR. COPLAND, PRESIDENT.

THERE was a very full attendance of members.

The minutes of the last meeting were read and confirmed. Several new members were proposed.

Dr. COPLAND opened the business of the meeting by congratulating the members on their number, and on the value of the specimens before them. He would venture to remind them that the exhibition of morbid specimens should be accompanied with attention to the morbid phenomena that have preceded the conditions shown by the preparations themselves. He would not encourage undue prolixity on this head, but thought that occasional practical remarks on the treatment and management of the cases furnishing the subjects of exhibition would be useful, proving that mere morbid anatomy is by no means the sole object of our studies.

OVARIAN CYST REMOVED BY OPERATION.

Dr. GIBB showed this specimen for Mr. I. R. BROWN, who removed the cyst a few weeks ago from a girl, aged twenty-one; it contained seventeen pints of fluid, and had been previously tapped. The patient was now well. An incision was made about three or four inches long, and the cyst was emptied as it was withdrawn through the wound, so that the bowels were never exposed. The peduncle, which was not large, was

secured by the clamp, and this was removed on the third day.

ENLARGED HEART.

Dr. GIBB exhibited for Dr. DAVID, of Montreal, the drawing of a heart weighing forty-seven ounces, after pericarditis.

Dr. BRISTOWE likewise showed a case in which this was the only disease in the body. The aortic valves were morbid, and the cause of the hypertrophy. It weighed forty-six ounces when first removed.

FRACTURE OF THE HYOID, UNITED.

Dr. GIBB showed this specimen, as a very rare example. It was from a dissecting-room subject, and therefore without history.

Dr. HARLEY related a case of Fracture of the Hyoid Bone which came under his own care, in a girl six years old, threatening suffocation at first; but on being put into good position, which he was enabled to do without delay, the symptoms disappeared, and she made a good recovery.

DISEASE OF THE PENIS; AMPUTATION.

Dr. TROUNCER showed this preparation, and gave the following account of it:—The patient is a stout man, aged forty-seven years. Twelve months ago he began to complain of considerable uneasiness in the left side of the penis, immediately behind the glans, in which situation a small nodulated tumour, implicating the deeper structures, whilst the skin moved freely over it, could be distinctly felt. The hardness, size, and pain gradually increased; and though various sedative applications were tried, their success was but partial. The pain up to the last three months occurred in paroxysms, at night more particularly, and was at all times referred solely to the indurated tumour. It was of a dull, aching character, never lancinating. For the last six months the patient had more or less mucous discharge from the urethra, which became gradually sanious. Three weeks ago, in consultation with Mr. H. Thompson, it was decided to watch its progress a little longer; but during this period the pain became so intense that the patient could endure it no longer, and begged for amputation without delay. Accordingly it was removed by Mr. H. Thompson with the écraseur on the 12th inst. Twenty minutes were allowed to the operation to avoid hæmorrhage; but although this was slight, it was thought desirable to put on three or four ligatures. The man has since been free from pain, and is going on well. There has been no oozing whatever from the stump—barely enough to stain the lint. On examination, the prepuce was found slit up, and an ulcerated cavity occupying the left corpus cavernosum, capable of containing a marble; the surrounding tissues were indurated. The diseased part was wholly isolated by the operation. Under the microscope the structure appeared to be mainly cells and fibres; very little free granular or other matter. The cells were generally ovoid, and nucleated; some were fusiform. Here and there a cell, containing several nuclei, could be detected.

Mr. CURLING was unable to learn what was the advantage of the écraseur in this case; the operation was usually a rapid one, and the bleeding slight after the arteries were secured.

Mr. LEE related two cases, one after six years' and the other eight years' duration. In one he had used the knife, in the other the écraseur; and he thought, all things considered, that he preferred the écraseur.

Dr. WILKS said that Mr. Hilton laid much stress on leaving the corpus spongiosum longer than the rest of the penis, and he did not see how this could be accomplished by the écraseur.

Mr. WOOD thought it desirable to slit open the orifice of the urethra after the operation and stitch the corners aside, obtaining union between it and the skin, which gave a better result afterwards.

Mr. THOMPSON remarked, in reply, that he believed there were very few cases indeed in which the ligature and the knife were not better than the écraseur, but that in this case he thought it right to make the experiment, since if there was one case better than another for it amputation of the penis appeared to be so. As to leaving the corpus spongiosum longer than the rest of the penis, there was no difficulty whatever in doing so, nor in subsequently incising the orifice of the urethra and stitching it. He first tied a silk thread tightly round the penis, and placed the chain of the écraseur in the groove thus formed, so that the line of separation should be exactly maintained in the direction desired. For three or four minutes after the operation not a drop of blood was seen, and the wound was very small. A little bleeding then appeared at three or four points, which he thought it best to stop by ligature. After this there was not oozing enough to stain the lint, and the wound was perfectly clean and healthy afterwards.

STONE IN THE BLADDER; MEDIAN LITHOTOMY.

Mr. THOMPSON exhibited a large calculus, with the bladder and prostate, for Mr. CADGE, of Norwich, with the following history:—G. A——, aged sixty-six, a healthy-looking man, had suffered from symptoms of stone for three years. He was sounded two or three times, but the stone was not discovered until a sound with a short sharp curve was used, when it was felt lying behind a much enlarged prostate. On August 16th Mr. Cadge cut him by the median method, and some trouble was experienced in removing the stone through the prostate. A small oval tumour also came away, but not with the stone; the bleeding was rather free. For six days the patient did not suffer a bad symptom; the pulse averaged 70; the appetite was good; the urine clear and free. On the seventh day the tube was taken out; a severe rigor occurred the same evening; the urine was not passed easily; and the patient sank rapidly in only about seven or eight hours after the occurrence of the rigor.

At the post-mortem examination, all the abdominal organs were found healthy, excepting only some cysts in the kidney. The bladder had a large sac, and contained a good quantity of urine; the prostate was very large, equaling a small orange in size. There was no mark of cystitis, no pus, no sloughing; but a little ecchymosis was found at the sides of the bladder, just reaching the peritoneum. The surface of the prostatic lobes was a little abraded by the removal of the stone. The enlargement was apparently due to numerous isolated tumours.

Mr. COULSON thought there must be a small abscess somewhere. He had generally seen cases in which sacculi existed do badly; pus was secreted there, the products of inflammation were absorbed, and poisoning of the system resulted.

REMARKABLE DISEASE OF INTESTINE.

Dr. MURCHISON exhibited this preparation, from a case in which the symptoms were anomalous during life and the appearances remarkable after death. A woman, twenty-four years old, was admitted into Middlesex Hospital with febrile symptoms and intense pain in the abdomen, which had existed some weeks. There was great tenderness of the abdomen directly above the pubes; bowels a little relaxed, nevertheless there was stercoraceous vomiting; quick pulse; night sweats; troublesome cough; râles over the chest, with dulness in front, suggesting acute tuberculosis of lung and peritoneum. She died in five days.

Post-mortem.—The upper eight feet of the small intestine were distended; all below contracted and empty. At the point of change there was no diseased constriction, but the bowel was adherent there to a pelvic abscess, and this abscess opened into the sigmoid flexure by a small orifice. There was no tubercle; but in Peyer's patches were numerous cicatrices. It had obviously been a case of typhoid fever originally. Perforation of the sigmoid flexure in that disease was extremely rare.

Dr. BRISTOWE suggested the possibility of the abscess having opened the bowel, rather than the opening having been occasioned by typhoid ulceration.

Dr. MURCHISON defended his view.

CANCER OF THE LIVER.

Dr. MURCHISON showed a case in which this disease had been fatal by hæmorrhage into the peritoneum, a very unusual termination to the complaint. One of the nodules of deposit had been ruptured.

Dr. WILKS presented the following specimens:—

I.—TYPHOID FEVER IN A WOMAN AGED SEVENTY YEARS.

The specimen of intestine presented the usual well-known appearances of deposit in the glands of the ileum, and was only interesting in connexion with the age of the patient from whom it came; for it has been agreed by all observers that *typhoid* is more apt to attack the young, whereas *typhus* is more disposed to affect those of more advanced age. Thus Dr. Tweedie states that it is seldom observed above the age of fifty years. It is probable that a more extended post-mortem examination might show that this statement requires some modification, and that it has arisen from the typhoid form not displaying itself in so marked a manner during life in the aged. Thus in the present instance the disease would rather have been styled typhus had not the truth been discovered after death. The woman was nearly seventy, in an extreme state of prostration, and delirious; no diarrhœa, and no rash of any kind:

thus showing that the age and want of power of the patient are not, as was formerly thought, alone instrumental in the production of the mulberry rash. All the circumstances existed which should have determined the typhus rather than the typhoid disease, and yet the latter existed with all its characteristics—a good case in proof of the specific nature of the disease.

DR. COPLAND remarked upon the earlier views held on the subject of typhus and typhoid fevers. He had seen typhus in young subjects, and typhoid in elderly ones, though exceptional unquestionably. He believed there was no absolute rule about youth and age in the matter.

II.—ANEURISM OF THE COMMON ILIAC ARTERY.

This came from a man, aged fifty seven, and occurred in the practice of Mr. Roper, of Shoreditch. The patient had been ailing for some time, and at last died rather suddenly from rupture of the aneurism. The specimen was interesting as presenting a number of long fissures running through the internal and middle coats of the sac, leaving merely the external coat stretched over them. These had occurred some time anterior to death, as the edges were smooth and rounded.

ANEURISM OF THE ARCH OF THE AORTA.

Dr. F. ROBINSON exhibited this specimen of aneurismal disease, which terminated fatally by ulceration into the trachea. The case occurred in a soldier of the Fusilier guards, aged thirty-nine years, who had been under treatment for several weeks for an affection simulating very closely ordinary chronic bronchitis—a complaint common to men of lengthened service, and, consequently, impaired constitution. He expectorated frothy mucous sputa abundantly, and large, moist crepitation was audible over both lungs anteriorly; but no morbid sounds in the circulatory system, dulness of chest, or, in fact, any one symptom that could be considered pathognomonic of the disease, was present. There was no swelling of the tissues or congestion of the veins of the neck; the pulse was regular and weak in both arms; and no pain in the chest or back, or vertigo was experienced. The dyspnœa was not greater than usual, and occurred in paroxysms of an asthmatic character. One evening when dressed, out of bed, and in the act of getting his tea, his mouth filled with arterial blood. He vomited a large quantity, and expired immediately. The heart was rather small, and atheromatous deposit was found in the aortic valves, but not to an extent to impede their function. The aorta throughout was much diseased, the coats thickened, and studded with large patches of atheromatous matter.

The points of especial interest Dr. Robinson conceived to be the absence of symptoms diagnostic of the disease, the extent of degeneration in the arterial tissue of so young a subject, and the somewhat unusual appearance of the mouth of the sac. This was surrounded by an elevated, abrupt fold of the coats of the vessel, quite valvular in character, and apparently so far performing the function of a valve as to prevent regurgitation, which explains the absence of morbid sounds anteriorly (the chest was not examined posteriorly), and the arterial system in the extremities being unaffected. The aneurism was about the size of a small orange, somewhat oblong, and sacculated.

OBSTETRICAL SOCIETY OF LONDON.

OCTOBER 2ND, 1861.

DR. TYLER SMITH, PRESIDENT.

THE following gentlemen were proposed for election:—Dr. Aldridge, Dorchester; Mr. J. G. Appleton, Luton, Beds.; Dr. Armstrong, Gravesend; Mr. Jos. Atherley, Mountsorrel; Mr. John S. Bartrum, Bath; Mr. Francis Bennett, Gateshead; Mr. T. W. Blake, Hurstbourne Tarrant; Mr. S. W. Brown, Lewisham; Dr. Bunny, Newbury; Dr. Candlish, Alnwick; Mr. John Candy, West Bromwich; Mr. A. P. Carter, Gloucester; Mr. S. Clogg, East Looe; Mr. H. W. Clifford, Cheltenham; Dr. Cocker, Blackpool; Mr. H. D. C. De la Motte, Swanage; Mr. Rowland H. Derry, Plymouth; Mr. H. W. Down, Glastonbury; Mr. T. A. Essery, Swansea; Dr. G. Evans, Carlisle; Mr. Henry Ewen, Long Sutton; Dr. Fetherston, Melbourne, Australia; Mr. H. L. Freeman, Saxmundham; Mr. W. J. R. French, Wilton; Mr. H. R. Harris, Bury; Mr. Denis M'Veagh, Coventry; Dr. Silas Palmer, Newbury; Dr. Shortt, Chinglepet, Madras.

Mr. SPENCER WELLS exhibited

TWO OVARIAN CYSTS REMOVED BY OVARIOTOMY.

The first was removed from a single woman, twenty-seven years of age, who had never been tapped, on the 7th of August. It was merely a single cyst; but a small group of secondary cysts had led to the rejection of iodine injection. The cyst contained forty-four pints of fluid. The patient is quite well.

The second cyst was compound. The largest cavity had held twenty pints of fluid. The patient was single, thirty-five years of age, and had been tapped twice. Ovariotomy was performed on the 15th of August, and the patient rapidly recovered.

Mr. SPENCER WELLS also presented a

STONE FROM THE FEMALE BLADDER,

which he had removed the day before from a patient fifty-four years of age, after dilating the urethra by his fluid dilator. It weighed eight drachms and fifteen grains, but was easily removed. The chief point of interest to obstetricians was that the patient had been treated for several years for supposed incurable disease of the uterus; but Dr. Savage, on being consulted, at once detected the true cause of the suffering, and requested Mr. Wells to remove it.

CASE OF PELVIC CELLULITIS.

BY N. C. HATHERLY, M.D., R.N.

C. P——, aged twenty-nine, was seized five weeks after an easy labour (her second) with pain of left iliac region and groin, attended with pelvic fulness and difficult micturition. This terminated after ten weeks in abscess, which pointed, and was opened on Dec. 20th, just above Poupart's ligament, giving exit to thirteen ounces of pus. On the 25th the discharge, which had been very profuse, suddenly ceased, when tumefaction, with pain of left thigh, opposite the saphenous opening, took place, and in six days a large abscess had formed there, which was opened by valvular incision, and gradually emptied. This was followed in five days by symptoms of pyæmia, from which she rallied under a stimulating and generous scale of food and medicine, and ultimately recovered. She became pregnant again in twelve months, and in due time passed through her parturient and puerperal states without a bad symptom.

HISTORICAL NOTES ON DISPLACEMENT OF THE UNIMPREGNATED UTERUS AS A CAUSE OF DISPLACEMENT OF THE GRAVID ORGAN.

BY T. H. AVELING, M.D., SHEFFIELD.

The object of this paper was to show that displacement of the unimpregnated uterus as a cause of displacement of the gravid uterus was known and pointed out by Morgagni, and that the same views have since been held by several members of the profession, who have arrived at the same conclusions, each unconscious of the other's writings.

Dr. TYLER SMITH observed that the object of the author seemed to be to show that his (Dr. Smith's) view of the cause of retroversion of the gravid uterus had been anticipated by Morgagni and others. His own paper, which had been referred to, was exclusively directed to the subject of retroversion; but it was remarkable that in the quotations given by Dr. Aveling there was not a single practical observation upon retroversion of the gravid uterus. The displacements referred to were the different forms of lateral obliquity of the pregnant organ. Only one of the authors cited spoke at all of retroflexion, and then in a purely speculative manner. His own view, as opposed to that of William Hunter, that retroversion of the gravid uterus was caused by the impregnation and development of the previously retroverted uterus, was published in 1856, and it had not yet been shown that this fact had been understood by previous writers.

ON THE INFLUENCE OF ABNORMAL PARTURITION, DIFFICULT LABOUR, PREMATURE BIRTH, AND ASPHYXIA NEONATORUM ON THE MENTAL AND PHYSICAL CONDITION OF THE CHILD, ESPECIALLY IN RELATION TO DEFORMITIES.

BY W. J. LITTLE, M.D.,

SENIOR PHYSICIAN TO THE LONDON HOSPITAL, FOUNDER OF THE ROYAL ORTHOPÆDIC HOSPITAL, ETC.

The author introduced his subject by stating that pathology had gradually taught that the fœtus in utero was subject to diseases similar to those which affect the economy at later periods of existence, and that this was particularly true as regards deformities. Thus we had congenital and non-congenital club-foot, rickets, degeneration of muscles, and amputations in utero. But there was another epoch of existence,

namely, the period of birth, during which the fœtus was subjected apparently to conditions differing from those of either its earlier or later existence. He said the object of his communication was, to show that the act of birth did occasionally imprint upon the nervous and muscular systems of the nascent organism very serious and peculiar evils.

Nearly twenty years ago the author had shown that premature birth, difficult labours, mechanical injuries during parturition to head and neck where life had been saved, and convulsions following the act of birth, were apt to be succeeded by a determinate affection of the limbs of the child, which he then designated "spastic rigidity from asphyxia neonatorum."

Medical writers, he continued, seemed unaware that abnormal parturition, besides ending in the death or recovery of the child, had another termination—namely, in other diseases. He stated that in orthopædic practice alone he had met with probably two hundred cases of spastic rigidity or paralysis from this cause, and he believed he was now able to form an opinion of the nature of the anatomical lesions and the particular abnormal event at birth on which the symptoms depended.

The state of things in the fœtus at the moment of birth—at the moment of entire withdrawal of placental or maternal circulatory influence—was one of imminent failure in decarbonization of the blood. If pulmonary respiration were not immediately established, the state of suspended animation, asphyxia neonatorum, took place. This, he inferred, was followed by stagnation of blood in all the large venous channels, and inevitable congestion of the capillary systems of the brain and spinal cord; and, if this state were not relieved by respiration, death ensued. He stated that the latest writers on the morbid anatomy of still-born children prove beyond a doubt, by their dissections, that punctiform ecchymoses are present, as a rule, on the serous surfaces of the chest and abdomen, besides intense congestion of all the viscera, blood extravasations between the pericranium and cranium and on the dura mater, capillary apoplexy, and engorgement of the vessels and sinuses of the brain with blood, in children born dead, whether from interruption of placental or insufficient pulmonary respiration, caused by pressure on the umbilical cord, premature separation of the placenta and uterine hæmorrhage; also similar ecchymoses on the lungs and heart of prematurely-born children who had lived some time.

Through these dissections he was convinced that mechanical injury to the fœtus was not necessary for the production of the above morbid states. The author attributed to the interruption in placental circulation and non-substitution of the pulmonary circulation the internal congestions, capillary extravasations, and serous effusions which corresponded with or produced the symptoms of asphyxia, suspended animation, apoplexy, torpidly tetanic spasms, convulsions of new-born children, and the spastic rigidity, paralysis, and idiocy subsequently witnessed. His opinion was that asphyxia neonatorum through injury to nervous centres was the cause of the contractions which originate at birth—more or less general spastic rigidity, and sometimes of paralytic contraction.

The former class of affections he described as impairment of volition, with tonic rigidity, and ultimately structural shortening in any degree of few or many muscles of the body, varying in effect from the slightest impairment to complete imbecility of mind and body.

He stated one fact as common to all the forty-seven cases of persistent spastic rigidity appended to his paper—namely, that some abnormal circumstance had attended the act of parturition, or rather the several processes concerned in separating the fœtus from the parent. There were few if any cases, he believed, of general spastic rigidity referable unequivocally to any illness subsequent to the establishment of proper pulmonary respiration, though spastic contraction of a single set of muscles after infantile convulsions and other illness was an every-day occurrence. He remarked that asphyxia neonatorum was very apt to be accompanied and followed by convulsions, as convulsions at or subsequent to birth were only a symptom of lesion of nervous centres, though they might doubtless react on those centres, and thus probably aggravate the disorder. The author had post-mortem particulars of only one of the cases of spastic rigidity he had referred to asphyxia at birth, but he believed that, if examined post mortem, after living many years an anatomical condition very different from that present at or soon after birth would be found, and that, although the effused blood might be absorbed, atrophy of the brain, or possibly chronic meningitis with effusion, chronic meningeal hyperæmia, or myelitis would result. This was confirmed by the single case examined after death.

Cases of deformity of cranium, and some frequently described as congenital idiocy, he attributed to severe lesions caused by mechanical compression and extensive hæmorrhages within the cranium; and in addition to the undoubted instances in which cranial injury and some imperfect development of intellect stood in the relation of cause and effect, he appended cases showing impaired intellect in some in which no mechanical injury had taken place, but in which suspended animation, asphyxia neonatorum, and probably its consequent general and capillary congestion and ecchymosis, capillary apoplexy of the brain as well as of the spinal cord, and perhaps a moderate amount of larger apoplectic extravasation, had taken place, and had been imperfectly recovered from.

Affections of the functions of organic life, protracted inability to suck and swallow naturally during the first few weeks of life, the liability to what was classed under the name laryngismus stridulus, he referred to injury at base of brain and medulla oblongata, such as capillary apoplexy consequent on suspended animation, without previous violence to head and neck. The author mentioned cases of death shortly after birth from convulsions and trismus nascentium, recorded by Joerg, Marion Sims, Evory Kennedy, and Doherty, who seemed unaware that some of these cases escape death and become affected with general spastic rigidity. He considered himself justified in referring spastic rigidity following asphyxia at birth to lesion of the spinal cord, as that was the only nervous centre which invariably presented symptoms of lesion in all the numerous cases of injury from abnormal parturition, independent of mechanical injury, appended to his paper. As additional evidence of the dependence of the several states of the nervous centres upon asphyxia after abnormal labour, the author mentioned that recovery from asphyxia from choke-damp and suspension was apt to be followed by cerebro-spinal disease, and that he had found extravasations at autopsies after the asphyxia of Asiatic cholera. He related also cases of wry-neck and paralysis due to injury at birth.

The paper was illustrated by photographs and a copious appendix of cases.

Dr. BARNES said, that although not able, from his own observation, to produce any facts in confirmation or negation of Dr. Little's theory, this might be due to his not having studied the subsequent history of children in connexion with the phenomena attending their birth. He was now, however, able to look back upon a considerable number of children who had been born semi-asphyxiated, in consequence of difficulty involving resort to the forceps, or turning. Many of these children he knew were healthy, and did not appear to bear any trace of the difficulties that attended their birth. He had, like most obstetricians, observed that occasionally children born with difficulty were liable to convulsions for a short time; but if these survived, they commonly did well. The difficulty there appeared to be in discussing this excellent paper, arose no doubt from the entire novelty and originality of the subject. Dr. Little had brought before the obstetric world new matter for inquiry of the highest interest. It was closely related to the question of the causes of still-birth—a subject, also, of which little was known, at least in this country. One reason was, that there existed no large lying-in hospitals in England, for there could be no doubt that the lying-in hospitals of the Continent lent greater opportunities for investigations of this kind than existed here. Hence Dr. Little had been obliged to look to German authors for information. He (Dr. Barnes), however, hoped that the study of the causes of still-birth would be more closely prosecuted by post-mortem examinations in this country. There was a case of which Dr. Little might be glad to avail himself. It is recorded of Samuel Johnson that "he was born almost dead, and did not cry for some time." The name of Samuel Johnson was almost synonymous with intellectual grandeur, but he was well known to be affected with certain nervous disorders which Dr. Little could better interpret than the speaker.

Dr. TYLER SMITH expressed the great obligation of the Society to Dr. Little for his valuable paper. There could be no doubt the author had directed attention to an original field of observation in pointing out the injuries to which the nervous system was liable during, and immediately after, birth. Cases of early paralysis and contraction had not fallen under his (Dr. Smith's) observation, but he quite agreed with the possibility of their occurrence from the causes stated. In cases of spasm of the limbs, especially the lower extremities, shortly after birth, he had attributed the condition of the limbs to an excess of the tonic contraction of the muscles natural to the fœtus in utero, and which gradually disappeared under the influence of volition and the use of the limbs. He thought dentition the great source of paraplegia and hemiplegia in young children. The

irritation of teething sometimes caused paralysis by exciting convulsions, during which the nervous centres were damaged. At other times reflex paraplegia ensued without fits during dentition. These forms of disease were very commonly met with, especially in hospital practice, in children from six months to two years of age. The great point was to prevent these seizures by relieving the irritation of dentition, by timely scarification of the gums and attention to the secretions.

Dr. GIBB said he was reminded of an instance that came under his observation some years ago, but which perhaps hardly came within the same category as those described by the author of the paper. After a lingering labour, a child was born with spastic rigidity of all the muscles on one side of the body; in fact, it was an instance of congenital hemiplegia. Suspecting that the cause existed in the brain, he was allowed to make an examination of the body of the infant, and found a clot in the substance of the brain on the side opposite to that in which the hemiplegia existed. The vessels generally were very much congested about the head, and no doubt, had the child lived, it would have remained palsied. The case was recorded at the time in one of the medical journals.*

Dr. LITTLE said he quite agreed with the President that the majority of infantile spastic and paralytic contractions arose between the ages of six months and two years from cerebro-spinal disorders, and that, perhaps, for one that depended on abnormal or premature labour there were twenty or more from other causes incidental to later life. He mentioned that, not having found any reference to the affections consequent on abnormal and premature parturition in the works of English medical writers, he had referred, with some confidence, to Shakspeare, to ascertain whether any notions on the subject were contained in his works. He said the description of the physical character of Richard III. was exactly that of an individual afflicted with one kind of deformity originating at birth.

> "I that am curtailed of this fair proportion,
> Cheated of feature by dissembling Nature,
> Deform'd, unfinish'd, sent before my time
> Into this breathing world, scarce half made up,
> And that so lamely and unfashionable
> That dogs bark at me as I halt by them."

In the following lines Shakspeare has used more poetic licence. The great dramatist has here probably intensified some popular notions on the subject:—

> "If ever he have child, abortive be it;
> Prodigious and untimely brought to light,
> Whose ugly and unnatural aspect
> May fright the hopeful mother at the view;
> And that be heir to his unhappiness."

He was convinced Shakspeare had drawn the picture from such an individual. He probably was aware of the fact mentioned by Sir Thomas More, that "the Duchess of Gloster had much ado in her travail, he (Richard III.) being born the feet forward."

* THE LANCET, Nov. 13th, 1858.

Reviews and Notices of Books.

A System of Surgery, Theoretical and Practical, in Treatises by various Authors. Edited by T. HOLMES, M.A. Cantab., Assistant-Surgeon to St. George's Hospital. In Four Vols. Volume II.: Local Injuries; Diseases of the Eye. London: Parker, Son, and Bourn.

WHEN introducing the first volume of this work to our readers, we discussed pretty fully its pretensions to the title of a "System of Surgery," contrasting the relative advantages enjoyed by one person, and by an association, in the production of a systematic work. We especially dwelt upon the circumstance that although, in the latter case, the contributions of each individual author might be well executed, it was impossible to secure that harmony of style and correlation of parts which are essential to the construction of a system. Concurrently with this second volume, there appears a new edition of Samuel Cooper's Surgical Dictionary, prepared by that ripe anatomist and surgeon, Mr. Samuel Lane. There is certainly no good reason, beyond that of expense, why the student and practitioner should not purchase both works. The profession has now the opportunity of comparing the two, and of judging how far our criticism was correct. They are distinct in their schemes, and possess different kinds of merit. The monographs of the "System" may be consulted with the same interest and confidence with which we look for special instruction to those members of our profession whom we know to have prosecuted special departments of medicine with particular devotion. The "Dictionary" will be referred to by those who are in search of information not only strictly scientific and practical, but also of a literary character. The series of monographs, however truly they may represent the actual state of surgical knowledge, will assuredly grow obsolete. The "Dictionary" is a perennial monument of learning, that will embody a store of knowledge which can never become useless or void of interest. But the "Dictionary" will be more particularly noticed on another occasion. We return to the volume of the "System" now under review.

The first article, that on "Gun-shot Wounds," by Mr. Longmore, the Professor of Military Surgery at the Army Medical School, is one of remarkable excellence. It is the exponent of the accumulated knowledge of the profession, enlarged and corrected by the great personal experience of the author during the Crimean campaign. This essay will prove a formidable argument in the hands of those who contend for the superiority of the monographic plan.

Praise in no respect different is due to the next essay, on "Injuries of the Head," by Mr. Prescott Hewett. Few men, perhaps, have devoted more care or more talent to the investigation of this department of surgery. It is at once the most difficult and the most interesting of all the "local injuries." The consideration of the lesions of the head involves the discussion of the most intricate problems of the physiology and pathology of the nervous system, requiring the best qualities of the surgeon and the deepest accomplishments of the physiologist for their successful study. Those who are acquainted with the previous writings of Mr. Hewett on this subject will turn with eagerness to this essay for the full and matured expression of his opinions.

The "Injuries of the Back" are well described by Mr. Shaw, of the Middlesex Hospital.

Mr. Holmes Coote, an industrious contributor to the first volume, has supplied an excellent article on "Injuries of the Face."

"Injuries of the Neck" are admirably described by Mr. Gray. This essay will be regarded with the regretful interest which attaches to the last legacy of one from whom greater things were confidently expected.

The "Injuries of the Chest" have fallen to the able treatment of Mr. Poland.

The "Injuries of the Abdomen" are portrayed by Mr. Pollock. The account given of them is very complete and systematic.

The "Pelvis" is discussed by Mr. Birkett. In many respects the article is an excellent one.

The next article, that on "Injuries of the Upper Extremity," contributed by Mr. Flower, is also well executed.

The "Injuries of the Lower Extremity" have been entrusted to Mr. Caraten Holthouse. They are discussed in a painstaking manner under the various heads of Contusions, Wounds, Sprains, Fractures, and Dislocations.

The volume closes with an elaborate essay on "Diseases and Injuries of the Eye" by Mr. Dixon. The reader will naturally expect to find a reproduction more or less faithful of the author's published work on the subject. Mr. Dixon is known not to have embraced with precipitate enthusiasm some of the new doctrines of the Dutch and German schools. It would be unjust to call him an obstructive ophthalmologist, but it cannot be denied that he is somewhat hyper-conservative in his resistance to innovations. With some qualification in this respect, the subjects of Iridectomy, Glaucoma, and other litigated topics, are discussed with candour and instructiveness.

The second volume will sustain the character acquired by the first. We must defer for the present a more particular examination of some of the articles.

A Manual of Chemistry, Descriptive and Theoretical. By WILLIAM ODLING, M.B., F.R.S. Part I. London: Longmans and Co.

WE are not sure that the appearance of this work can be justified on the ground of the scarcity of good text-books on Chemistry. Within the last few years the press may be said to have teemed with chemical manuals, some of them possessing great merit. Dr. Odling's book must therefore rely for success upon special merit. This is not wanting. We cannot doubt that the work will occupy a conspicuous place amongst its fellows, and be largely adopted as a guide to the study of chemistry both in our medical schools and in the numerous other institutions where this attractive and valuable science is now taught.

A peculiar purpose of Dr. Odling's book is to show how the employment of unitary formulæ facilitates the generalization of chemical truths. The views, of which it is an exponent, are based on those originally promulgated by Laurent and Gerhardt in France. As these views are now adopted by a large section of English chemists, including Professors Williamson, Brodie, and Hofmann, it has become important to supply to students a guide to their comprehension. The author informs us that the work was undertaken more especially at the request of Professor Brodie, who wished to have for the use of his class at Oxford a chemical text-book arranged in accordance with his own method of teaching. The following features characterize the work:—

As a rule, the atomic weights selected for volatile elements represent single volumes, and those for volatile compounds double volumes, of their respective gases or vapours.

The great majority of compound bodies are expressed as unitary molecules, by unitary formulæ, instead of by addition, or, as they are commonly called, rational formulæ. Throughout the algebraic sign of addition is never used to express combination.

The equivalent notation, by means of dashes, introduced by the author some years ago, and now constantly used in the original papers of most European chemists, is employed for the purposes of elementary teaching.

The arrangement of the book is more than ordinarily systematic. The mutual relations of the elements and of their analogous compounds are largely dwelt upon, as are also the mutual relations of the various heterologous compounds of the same element.

The technological applications of chemistry are but very briefly referred to, and the physics of chemistry only incidentally discussed; so that a more than usual proportion of space is devoted to chemistry proper, and especially to the description of chemical reactions.

In this latter respect more particularly the book deserves commendation. Although shorn of the treatises on Heat, Light, Electricity, and Attraction, which served as so attractive an introduction to Turner's book, we cannot question the judgment of the author in regarding these subjects as belonging to physics proper.

The work will be completed in two or at most in three parts. The second part is promised for next summer. The first part includes the description of monhydric, dihydric, trihydric elements. It contains abundant matter to occupy the close attention of students during the preparation of the second part. When complete, the work will probably constitute for some time to come the standard one on the subject of which it treats. It is worthy of the distinguished reputation which the author has achieved for himself amongst the devotees of a science rich beyond most others in able and sagacious men.

THE MEMORIAL TO LORD HERBERT.—A public meeting will be held in the metropolis in the month of November, at which H.R.H. the Duke of Cambridge has consented to preside, for the purpose of taking such steps as will result in a worthy memorial to the late Lord Herbert. This movement deserves the support of the profession.

ON THE QUESTION OF THE SALUBRITY OF BRIGHTON.

To the Editor of THE LANCET.

SIR,—Allow me to offer a few remarks, suggested by the perusal of an article, headed "The Groans of Brighton," in last week's LANCET.

Having been a resident of this place during six years, I have had full opportunities of testing its salubrity at all seasons; and my experience enables me to speak most favourably of Brighton on that point, possessing as it does—in spite of the vexed question of drainage—many more advantages of a sanitary nature, and fewer drawbacks, than most other places on the sea-coast.

Since the statements, prejudicial to the town, gained so much publicity last year, I have been careful to ascertain upon what grounds they were based, and find those sweeping assertions, which involved the whole of Brighton in condemnation, had their rise within a very narrow limit.

It is doubtless true that the author of the report was a sufferer from the imperfect state of the drains connected with the house which he occupied; but I believe it was explained at the time that the cause of complaint was in that instance both temporary and exceptional, so that a conclusion was too hastily arrived at, upon the assumption that the noxious influences in question pervaded the whole town.

You state in the article above alluded to that "the charges which were brought against Brighton have never been satisfactorily answered." But allow me to remind you that Mr. Acton's letter—which through your columns and those of *The Times* gained a wide publicity—called forth the denials and remonstrances of numerous credible correspondents, whose communications, with one single exception,* were confined to the local papers, and whose testimony, however conscientiously the writers gave expression to what they believed to be the truth, was deemed valueless, because they were supposed to be more or less interested in establishing the fair fame of Brighton.

With respect to the subject of drainage, you are aware it is unfortunately a disputed question in numerous towns, where conflicting interests or party feelings keep the matter pending. It is greatly to be desired that some well-devised plan could be put into operation in every locality throughout the kingdom; but it cannot be conceded that the sanitary defects of Brighton are greater than those of other places.†

Before concluding, I wish to say a few words respecting the "scarcity of visitors in Brighton" this year. It is certainly true that until the beginning of October the town was remarkably empty—a fact which may no doubt be attributed to the alarm raised in people's minds by the direful accounts spread abroad last autumn. There was evidently a decline in the numbers that formerly sought Brighton for the sake of health or pleasure. But during the last week the scene is changed: families are flocking in; bills are disappearing; the cliffs are assuming their wonted gay and lively aspect; carriages and equestrians throng the Parade, which, crowded by pedestrians, presents a living photograph of former days.

Now, Sir, I think this sudden change, that brings numbers hurrying here, is perfectly easy of explanation. The seaside-going public tried other places this year instead of coming to Brighton, but the experiment has resulted in sending them back to these beautiful cliffs, finding that they had not done wisely in deserting them.

I am, Sir, obediently yours,

Kemp-town, Brighton, Oct. 1861. M. A. B.

* Mr. Wilkinson's letter, published in THE LANCET.

† Amongst the hygienic advantages which Brighton can boast, is the Ladies' Swimming Bath, which is resorted to daily by numerous learners, who have thus the opportunity of acquiring an art, the practice of which contributes to health, and is calculated also to save life.

A BOLD WAY OF USING THE ÉCRASEUR.—M. Chassaignac brought before the Surgical Society of Paris, at the meeting on the 2nd instant, the case of a woman who came to his wards with vesico-vaginal fistula. She was considered in an unfavourable state for Bozeman's operation, and was subjected to the usual treatment of *anal* fistula. M. Chassaignac introduced the chain of the écraseur *into the urethra*, made it come out through the fistulous opening, and cut through *all* the intervening tissues—namely, the urethra, neck and a portion of the bladder. Some little improvement took place, and the patient felt a desire, which she had not experienced for a long time, of emptying the bladder; but incontinence of urine still exists, and will probably persist. M. Huguier and M. Verneuil warmly disapproved of the operation.

THE LANCET.

LONDON: SATURDAY, OCTOBER 19, 1861.

OCCASIONALLY we read of some unlucky member of society, who, having broken the law, and being called upon to answer for it, pleads his entire ignorance of having done so. He assures the judge that he never knew there existed a law which offered opposition to his act, otherwise he would have been more careful to keep the peace towards society and his nation's edicts. Perhaps it may seem a very simple piece of criminal business that he has been guilty of, and a very obsolete Act of Parliament that he has broken through. But it does not matter. The plea urged by the offendor is a vain one, and is not permitted to stand him in stead. He is told that it his duty to learn the laws, and not to break them. He must accordingly suffer for his ignorance. Now, just as it is with the laws of the State and our social economy, so is it with the laws of health and of our physical being. If men break them, they must suffer; it is of no purpose to say that they were not aware that their habits and customs were opposed to the laws of healthy life. But though the inutility of this plea of ignorance of the law is well known, we constantly find it used as a refuge for the destitute, and true it is some merciful judge will occasionally mitigate the punishment when the law broken is quite new, and there has been no opportunity as yet of teaching by example. But the conventional rules of social economy and the immutable laws of life differ in this respect: the former are often changed; the latter are eternal and fixed. The one will occasionally make allowances for time, person, and circumstances; the latter never. Whether it be the peer or the ploughman, the cook or the countess, it matters not. Drink too much, eat too much, and take too little exercise, each alike must suffer. Whether it be *materfamilias* who sleeps over the foul gully-holes of Brighton, or the middle-aged person taking care of the house in Bloomsbury who imbibes the emanations of St. Giles's sewers, the effect is likely to be the same to each—viz., typhoid fever. None are excused by Nature for breaking through her ordinances, either because they did not know the law, or because the law was a new one. If it behoves individuals to know the one class of laws here alluded to, it would appear to be more urgent upon them to know the other, for from these there is no escape. Why, then, will men neither learn the laws nor keep them when they become provided with this important knowledge? Ah! why not, indeed! Alas for humanity which finds it troublesome to learn, but exciting to infringe! The only thing in which it would seem to take a more than usual interest, and to work at *con amore*, is to augment the comforts and luxuries around it to such an extent as to render protection from the dangers to which they lead a very serious and complicated piece of business. It has been well pointed out that we now live in a state so artificial, with the conditions of our being so far removed from those of bygone times, as to render the natural monitors provided for our health and safety no longer sufficient. Our modes of heating, lighting, and washing, our working, travelling, and amusements, are now so different from what they used to be that we are forced to appeal to another class of human sensations in order to discover the mischief to which they lead. The unburnt gas in our rooms, the arsenic upon our walls, the dust in our carpets, the dung in our mews, the irrespirable air in our public halls, the sewage in our rivers, the cocculus indicus in our porter, and the red lead and orpiment in the delicacies of babyhood, are forcing us to demand at the hands of science, rather than at those of common sense, means by which the evils brought in their train may be easily discovered and their effects countervailed. Here we are, in this mighty Babylon—two and a half millions of human beings—living huddled together in one compact mass, like bees in their cells. And not we alone in our brick boxes, but to us are linked crowds of dogs, cats, birds, and horses, along with chickens in areas, cows in yards, pigs in cellars, and a host of rabbits and vermin of all kinds. And what is all this crowd of compressed vitality doing but loading the earth and atmosphere with emanations the most foul? It is true that we know this, and that we do use no small amount of exertion to prevent their ill effects; and to a great extent we are successful, otherwise we should be decimated every other year by some dreadful plague. But we increase in numbers and in density: like as of the army before Dunsinane, the cry is "still they come!" We have heard the cry it is true, and have been stirring, but whether in the right way, and how far we shall be successful in coping with the monster evil, remain to be seen. We have been compelled to do something, and lo! the monster drainage-works upheaving the London soil, black, foul, and pitchy, and saturated with gas. But however perfectly the public health may be looked after, it will go but half the way to keep us wholesome if the private health be neglected. We may boast some day, like Rome, of a *cloaca maxima;* but the supervision of the Ædile will be imperfect indeed, if the units and atoms of life are not compelled to look after their own cleanliness.

We remember having our attention attracted during the summer to "A Voice from the Stables," in a leading morning paper. This same "Voice" purported to belong to a gentleman's coachman living in a mews. Its owner had, at the close of the summer of 1859, been laid up with typhus, and was again dreading the haymaking and harvesting seasons. And why this? Simply because at these times the manure was left unremoved for so long a time in the mews and stable-yards of the metropolis. In the autumn and winter farmers send hay and other produce to London by their own carts, and take back manure, but at the periods mentioned they are so taken up with other occupations that they seldom send their teams to London, but transmit the hay by rail. The consequence is, that during the hot months, when health requires that manure should be removed almost daily, the poor inhabitants of mews and stable-yards are surrounded by it. When finally carried away, its stench is so abominable while being turned over as frequently to cause sickness amongst the women and children. The farmers at this period do not require manure, and therefore the London agents, who purchase it and transmit it by rail to different parts of the country, have now little or nothing to do; and unfortunately this happens during the height of the "London season," when the town and suburbs are full of horses, and the manure accumulates with rapidity. Now, it is of little use improving the drainage of our mews, and supplying water to the closets, if every hole and corner of the stable-yard is allowed to remain loaded with ordure.

Another letter-writer (J. H. E., of the *City Press*) calls seasonable attention to a prominent evil in our domestic hygiene.

"The dust of the house is a poison, a small portion only of which is generated within the house. We see it, but we rarely smell or taste its poison. The larger portion of the dust of a London house comes from without—is blown in at the windows, and brought in on the shoes and garments, especially of the females; and the more sumptuously dressed, the larger is the lot they sweep up and bring in-doors. This London dust is chiefly composed of horse-dung, dried, and highly comminuted; this it is that in wet weather causes the loathsome smell—e. g., of Cheapside. This nasty material, floating about in our sitting- and bed-rooms, penetrating mouth, nose, and eyes, is kept for constant use in large quantities in the carpets, of which dust there must be a daily importation of considerable quantity. The people of the Continent are wiser: they have hard, clean-swept floors, little or no carpet."

We might supply the ingenious author of that little satire, "How to make Home Unhealthy," with ample illustrations like the above for a future edition of his work, but our own purpose is now sufficiently answered in having shown that attention to the details of private economy is as essential to health as is the regard which must be paid to the laws of public hygiene.

THE meeting of the British Association for the Advancement of Science, as it comes round year by year, assumes each time of its occurrence a deeper interest and a more national character. Beginning in a social, and, we may perhaps say, in a *dilettante* humour, it has progressed steadily, learning every time some new lesson, and introducing some point of reform, until at last every department of knowledge is represented at its gatherings, and every branch of science discussed and displayed. As a profession, we of Medicine have not until recently taken any signal part in the proceedings of the Association, nor appealed to the public through its means. The reasons for this are traceable, perhaps, to the fact that medical science, until very lately, has had no holiday dress. Yet it is undeniable, that for the last few years medical science, in so far as it is allowable, has presented, through zoology and physiology, an appearance at the annual meetings of the British Association which does infinite credit to our science and to the whole of the professional body. Allying herself more closely to the exact sciences, putting forth a reasonable interpretation of various natural phenomena which have long been considered difficult and obscure, speaking to the people in a language which all who are educated can understand, and touching on topics which are of vital interest to the nation at large not less than to the private family, Medicine has exhibited to the world the progress and tendency of modern medical learning in a way that cannot in the end fail to secure for us all a reputation second only to that reputation for benevolence and humanity which from our first origin has signalized us, and to a great extent has made us what we are.

The late meeting of the Association held at Manchester is specially remarkable in its medical aspects. The number of papers read by members of the profession was larger than on any preceding occasion, and for variety of talent we challenge for our brethren a selection which, we are bold to say, no other profession could present. In chemistry, in zoology, in social science, in geography, and in physiology there were representatives, all sent by Physic, and all vying with each other in honest rivalry, who should exhibit her in the most learned and the most accomplished fashion. For the first time in the history of the Association, the Physiological Sub-section was popular; and that, too, when papers as far removed as possible from mere everyday matter for talk were under consideration. The result of this success will probably lead next year to an important change in the position of physiological science at the meetings. Originally, we believe, it was intended to give to this science an independent basis; but owing to the circumstance that some years ago the details of physiology were considered somewhat disagreeable to ears polite, the department was reduced to the position of a secondary science, and was made a sub-section to zoology and botany. Of course, to the educated man an arrangement such as this, in which the laws of life in their application to man are made secondary to the same laws in their application to brutes and plants,—or, to take another view of the case, in which the laws of life, in their broadest acceptation, are made secondary to a mere classification of animals and plants,—carries with it an absurdity, and even a degree of insolence to nature, which would be jocular in character were it not a parody on a solemn and all-interesting subject. However, so until now it has been, but from what we have heard of the influence of the last meeting, we trust and believe that a great change is imminent. It will be moved, we understand, at the next meeting to be held at Cambridge, that there be instituted a new section, to be called the Biological, to which Zoology, Physiology, and Botany, are each to be sub-sections. This, we conceive, will be at once a just and honourable compromise; for while it will suggest a broad, distinctive, and unobjectionable name for the science of life, it will place physiology in an equal position to zoology and botany, without any offence to the friends and supporters of the two latter sciences. Failing in this attempt, the physiologists, we presume, will be induced to make a strenuous effort to place their science in the position of an independent section—an effort in which they ought to carry with them the entire influence and support of their brethren.

Medical Annotations.

"Ne quid nimis."

QUACKERY.

HOMŒOPATHY has received its last disgrace, and fallen into the lowest depths, by placing itself under the patronizing protection of the apostles of spiritualism—that theory compounded of table-turnings, rappings, manifestations, imbecility, fraud, and lunacy. There were few low alliances which it had not previously contracted, and the company by which it might be known already included the professors of clairvoyance, kinesipathy, animal magnetism, and infallible friction. This is a new friend who has undertaken its advocacy, and a fresh misfortune which occurs to it. The homœopathists have suffered the shame of support by all the visionaries, quacks, and impostors, who sought to find tolerance for their own noveltics in alliance with an innovation itself impudently thriving. They can hardly endure, without wincing, the enlightened advocacy of the *Morning Star*—the victim of spiritualism, the medium of manifestations, the zero of scientific intelligence. That journal, in this "off season," has favoured this medical heresy by treating it as the conventional "monster gooseberry;" and, in truth, it has gone far to demolish the unhappy object

of its friendly choice. In the place of the imbecile effusions touching visions, rappings, and spiritual communications from celestial beings who could neither spell correctly nor indite grammatically, who raved in doggrel and philosophized in fustian, the eminently scientific minds which preside over the above journal have presented to their readers some delicious dissertations on homœopathy. These contain much what might have been anticipated: a revival of all the old, stale, disproved facts; complaints that the College of Physicians would not expose themselves to becoming the instruments of deception by admitting so-called statistics of homœopathic cures of cholera (save the mark!); complaints of medical intolerance; and the assertion that the medical profession "treat new facts, let the evidence by which they are supported be ever so insupportable, by laying them at once on the Procrustean bed of their received dogmas, and, if they do not fit it, thrusting them aside at once with a contemptuous sneer." This is the parrot cry of the scold, which is but a feeble echo of an old and untruthful voice. Does this writer not know with what a spirit of earnest welcome, with what generous applause, and with what enthusiastic interest the medical profession have investigated and adopted the results of all who in this century have brought to us a line of theory or a grain of fact which bore the tests of truth? Does he not know how we have entered into the labours of Bell, of Marshall Hall, and of Brown-Séquard, as they attacked old opinions, and established new conclusions which have revolutionized the theory of the nervous system? Does he not know with what interest we have adopted the uses of galvanism,—with what care we have studied the induction of artificial anæsthesia, and what readiness has been shown to alter by this means the aspects of surgery and of midwifery? Does he know anything of the introduction of the alkaloids of late years? Has he not any acquaintance with medical science, nor any knowledge of the contents of medical journals? Anyone who has, must see that the whole mind of Medicine is intent upon testing old principles and examining the various aspects of observed facts, in incessantly and restlessly modifying old theories and suggesting new remedies. There is not any science in the whole circle of knowledge of which the votaries are so eagerly in search of novelty. It is in some sort a necessity of our study, which leads us amongst multiform facts, and presents to us the most varying phases of a complicated and varying creation. But if it is partially a necessity, we know that it is often carried so far as to be a reproach. The number of those who are content "*stare per antiquas vias*" is few, and their position is not brilliant. It is true that homœopathy is one of those novelties which we have learned to despise and to abhor. We have found in it a system which is founded upon a pretended mystery, which is contradicted by all the laws of life and of physical science; a system which lends itself to the frauds of the quack, which is the instrument of numberless daily deceptions, the toy of the feeble-minded, the weapon of the trickster, and the negation of truth. This novelty we leave to those who accept also the novelties of spiritualism. We are not enemies of progress because our higher knowledge saves us from becoming the dupes of deception.

DECREASE OF LUNACY.

MUCH importance has been lately attached to the progressive increase in the figures indicative of the state of lunacy in England. The analysis of those figures has been rendered very difficult by the absence of any data upon which a correct judgment could be formed of the causes of that apparent increase. These data are for the first time furnished this year by the Commissioners of Lunacy, in their Annual Report. From them we are able to deduce the important conclusions, that the increase is apparent rather than real; that the amount of known lunacy amongst the classes above pauperism has not been increasing, but has been diminishing for some years; and that the apparent increase of lunacy amongst us, as indicated by the growing demand for asylum accommodation, is mainly dependent upon certain conditions due to recent legislation, which ensure the more complete enumeration and public treatment of pauper lunatics, to whom alone this increase is confined.

During the decennial period from January, 1849, to 1859, the number of pauper lunatics detained in public and private asylums was nearly doubled, the augmentation being from 10,801 to 18,022. During the same period there was only an addition of two private cases in county asylums, and there was a diminution of numbers in licensed houses to the extent of 225; so that, taking an aggregate of the inmates of all the various asylums in England and Wales, there has been an actual decrease in the number of registered private patients during the period of ten years ending the 1st of January, 1859. This is the more striking when it is remembered that the march of the population would have explained, as it would have led us to expect, a relative increase, and when it is also remarked that many old-standing cases, not before reported, are included in the returns now made, and that the improvements made in these houses during the time have rendered them more comfortable and cheerful, and increased the inducements to send patients into them. The investigation of the causes of the large increase of numbers of pauper patients suggests three questions, to which the Commissioners furnish answers. Is it attributable to the increase of pauperism? Or to a greater liability to attacks of insanity amongst the poor? Or to both these agencies combined? As to the first, pauperism has decreased. The decrease in the average number of paupers of all classes in receipt of relief at one time in 1859, as compared with 1849, is 20·5 per cent., and as regards able-bodied paupers, it is 40·7 per cent. Nor are there any discoverable changes in the social condition of the labouring population, rendering them more prone to mental disease. From the review of all the facts adduced by the Commissioners, it appears that the source of this increase must be looked for in the very perfect reports now furnished; in the increased number of them sent to asylums, and in the prolongation of their life when thus brought under care. Thus, then, we have the cheering facts before us, that there has been, during the last ten years, a positive diminution of lunacy amongst the wealthier classes, and that the apparent great increase amongst paupers is due only to the greater care with which such unfortunates are selected and reported, and the kindness with which they are treated in the public asylums.

MEDICAL CERTIFICATES.

WHAT are the duties of the physician to the public when called upon to examine articles of food or of hygienic utility, as to which his certificate is solicited? This question has been much agitated; the answer may be evolved from the simple consideration of the fundamental relations of medicine to society, irrespective of details, and without regard to arbitrary determinations. It is clear that physicians are naturally, legally, and as a matter of public policy, called to the examination of food and drugs. As public officers of health, and in their capacity as medical advisers, the power and privilege of examining and guiding the nature of the articles of food form part of their customary functions. It seems that it would be very ill advised to attempt to forbid the exercise of this important function because it is liable to abuse by individuals. It must be right to encourage every effort to determine by absolute tests the reality of the claims put forth by vendors of articles of consumption. The public are profoundly interested in their purity, their excellence, and their nutritious value. They look to the chemical, microscopical, and medical attainments of physicians as affording the best guarantees for searching investigation into the composition and uses of the varieties of food. The examination of food is, in fact, an important part of sanitary and preventive medicine, which THE LANCET may claim to have brought to the aid of the masses in this

country. But if this is an important function of the physician in fulfilment of his duties to society, it is also one which requires to be exercised with discretion and dignity. The physician must beware that he is not made the tool of fraud or the instrument of deception. He must take measures to prevent the possibility of his certificate, showing the result of his examination, from being used in a wider sense than it was intended. He may certify as to what he knows of things examined, but must so word his testimony that it cannot be perverted to the description of things which he has not examined. He may certify to the purity of specimens sent, but he must take care that he does not employ words which may apply to a whole series of which he has no knowledge. The physician should be cautious not to degrade his art by helping the sale of quack nostrums, or of secret preparations of any kind. He may testify to the constitution of that which he has analyzed, but to aid in vaunting secret nostrums is a perversion of reputation acquired by more honourable means.

It is easy to perceive, however, that certificates given honestly and telling the whole truth, are calculated to be of immense benefit to the community. The Analytical Sanitary Commission of THE LANCET, by acting on this principle, has done more to stop adulteration than all the efforts made in that direction by Excise officers or the law. It is the abuse, and not the use, of certificates that is to be condemned.

THE PHYSIOLOGY OF RUNNING.

THOSE who find perfection amongst savage tribes, and regard civilization as a form of degeneracy, describing aboriginal barbarism as the original stock from which we all have sprung, will find some additional arguments in the singularly fine physical endowments of the Red Indian, who has vanquished all English pedestrians in recent contests. The muscular strength, the perfect balance of venous and arterial circulation, the admirable combination of agility and fortitude with which this man is endowed, bring him near to an ideal of perfection in those important physical qualities. For speed, endurance, and pluck, he is unsurpassed by any of the champions of our advanced Teutonic, Celtic, and mixed societies. Here is the original man, if you will, or the degenerate man, as it may be, but at least the savage, who asserts triumphantly the splendid bodily powers which have been so often and alternately attributed and denied to him. It has been reported, on the one hand, that the strength, vivacity, and courage of the Indian tribes were unmatchable; but we have often received proofs, on the other, that poltroonery, muscular debility, and physical imperfections were highly characterized in many of the race. We have been familiar with the sight of degraded, enfeebled, and sickly creatures, whose display had been usually cut short by premature disease, associated with uncontrolled appetite for strong drinks. This Seneca Indian redeems his nation in our eyes. The completion of twelve successive miles in little more than five minutes each mile is a great feat of endurance and agility. It must be said, however, that the Indian had to be trained after the European fashion to bring him up to this pitch of excellence. The heart, lungs, and muscular apparatus must indeed be in perfect accord to lend themselves to efforts so extraordinary and long sustained. The means by which this happy balance is perfected during training may well form the subject of investigation by medical men, who have often a direct interest in procuring similar improving changes in their patients.

ROYAL COLLEGE OF SURGEONS.—The next Preliminary Examinations in Classics, Mathematics, and French, for the Fellowship, will be held on the 24th, 25th, and 26th inst.; the next Primary Examination for Membership on Nov. 2nd and subsequent days; and the Pass Examination for the same on Nov. 9th and subsequent days. The Professional Examination for the Fellowship will take place on the 15th and 21st Nov.

Correspondence.

"Audi alteram partem."

SIR J. M'GRIGOR AND THE MUSEUM AT FORT PITT.

To the Editor of THE LANCET.

SIR,—You were so good as to insert, in THE LANCET of the 17th April, 1858, a letter from me relative to the first formation of the Museum of Morbid Anatomy at Fort Pitt in December, 1814—by the appointment of Mr. James Miller as curator.—five months before the late Sir James M'Grigor came into office as Director-General. The editors of the *Edinburgh Medical and Surgical Journal* took umbrage at the statement that the museum was begun before Sir James came into office, and that this had not been stated during Sir James's life-time. These remarks (in their journal of the 1st May, 1860) would be justified had they been founded on facts. These gentlemen forgot to tell their readers that I had been unconnected with the army and out of England for thirty years; and that I had never heard that Sir James's friends gave him the credit of having been the first to suggest, and the first to form, the museum at Fort Pitt, till I saw it mentioned in THE LANCET of the 10th April, 1858, which brought forth my letter above referred to on the following week. I could not suppose that Sir James M'Grigor would countenance the statement that he was the first person who thought of forming, and the first to form, a Museum of Morbid Anatomy at Fort Pitt for the benefit of the medical staff of the army, and I therefore gave the subject no further thought: the museum is there, and I cared very little who had the credit of being its progenitor. But in an accidental conversation with the present Professor of Surgery at the medical school at Fort Pitt, Deputy Inspector-General Longmore, he informed me that a catalogue of this museum had been published, under the patronage of Sir James M'Grigor, by Dr. Williamson, in 1845, in which the credit is given to Sir James M'Grigor of having been the first to suggest and the first to form this museum; and a few days after this, in April, 1860, Inspector General of Hospitals Dr. Taylor put the catalogue into my hands. Therefore I submit that I lost no time in correcting the no doubt involuntary error into which Sir James M'Grigor and his friends had fallen.

That Sir James did begin in 1810, at Portsmouth, to collect specimens of morbid anatomy is possible; but I was attached to the hospital at Portsmouth in 1811, and I do not recollect to have seen any. That there were morbid preparations at the Yorke Hospital is certain—I saw them; but they were huddled together without any order, and no record was kept of the cases from which they came.

The first attempt at a museum of morbid anatomy for the benefit of the medical staff of the army was therefore begun in December, 1814, by the appointment of Mr. James Miller as curator—I repeat, five months before Sir James was appointed Director-General; and, giving Sir James all the credit that is justly due to him for having so zealously fostered this museum, as a homage to truth I must add, that so little was he aware of the boon conferred on the medical officers of the army by having such a museum at their command, that one of his first acts on coming into office was to put a stop to its progress by sending Mr. James Miller off to join the army, then in Paris; and Mr. Miller arrived at the hospital station at St. Denis, near Paris, and was appointed to the wards of which I had charge. With Mr. Miller's consent, it was represented to Deputy Inspector-General Woolwrich, the chief medical officer of the station—with the request that it should be represented to Sir James M'Grigor—that Mr. Miller was an invaluable man in a dissecting-room, but out of his place at the bed-side; and further requesting that he might be recalled, and replaced in charge of the museum at Fort Pitt—which was done in October or November, 1815.

However, Sir James's Autobiography has just been published, and as he has mentioned all that he did to benefit the medical department of the army, but has not said a word about the museum, it is evident that he felt he had no claims to the distinction of having first suggested and first formed this museum, whatever his friends may say for him. Had not the idle boy, Humphry Potter, in 1711, attached a catch to the steam engine, Watt's improvements might be still in futurity, and the world might still want the progress in human industry and in science which the improved steam engine has called forth;—in paying a just tribute to the genius of Watt, no one has attempted to

rob Humphry Potter of the credit due to him of having first attached a catch to the steam engine, and which is the point from which Watt started to confer such benefit on the world. Had not Sir James M'Grigor found an embryo museum of morbid anatomy at Fort Pitt in 1815 when he came into office, the Museum of Morbid Anatomy and Medical School at Fort Pitt—which, judging from the "Army Statistical, Sanitary, and Medical Report for 1859," just published, has already rendered so much service to the Army Medical Department—might still be in futurity;—in paying a just tribute of gratitude to Sir James for having fostered this infant undertaking, there can be no reason for depriving the individual who first thought of forming and who first formed this museum, by the appointment of Mr. Miller as curator, of any credit that may be due to him, and which was the point from which Sir James started to render such service to the medical profession, and to make for himself a name which will endure as long as England has an army.

In conclusion, let me, in the interest of the present junior members of the army medical staff, say a few words, and endeavour to point out to them the advantages they have over their predecessors, in the hope that they may be induced to profit by these advantages, and to make themselves valuable members of society, and be an honour to their profession and to the army. When their predecessors entered the army, they met superiors too often unable, and, if able, too often unwilling, to direct them, and enable them to profit by the opportunities they had of acquiring professional knowledge; so that in a very short time they forgot what they had learned at the medical school, and became mere prescribers of drugs, the medical properties of which, or the diseases for which they administered them, they did not know. And well might the late Sir Charles Bell, when he found, in 1818, a medical officer of the army broaching opinions founded on his experience and observation, in opposition to the dogma of the school, exclaim,—"What! Is it from the medical officers of the army that you can look for correct medical and surgical observations?" When the present junior members of the Army Medical Department enter the army they find at Fort Pitt seniors able and willing to direct them, and enable them to profit by the opportunities they have of acquiring professional knowledge; and by care, by zeal, and by industry, the rising generation of medical officers of the army will soon be in a position to answer Sir Charles Bell's question by exclaiming, Yes, it is to the medical officers of the army that you can look for correct medical and surgical observations.

I am, Sir, your most obedient servant,

Bruton-street, Berkeley-square, October, 1861. D. MACLOUGHLIN, M.D., Member of the Legion of Honour.

THE ARMY MEDICAL WARRANT OF 1858.

To the Editor of THE LANCET.

SIR,—I noticed in your journal of last week a letter from "A Volunteer Surgeon." I trust, in the name of the Army Medical Department, that he will not continue to write letters unless conversant with facts. The relative rank of the army surgeon before the issue of the Warrant of 1858 was captain, in the place of major, and as such always acknowledged.

The whole correspondence between "A Volunteer Surgeon" and "A Volunteer Adjutant," published a short time since in THE LANCET, was wrong. The Government will never cede to volunteer surgeons what they will to the army surgeons, as the Horse Guards look upon the former as honorary. This is simply the truth; and it is hoped that facts may be quoted correctly. I am, Sir, your obedient servant,

October, 1861. AN ARMY SURGEON.

N.B.—For the information of *volunteer* surgeons it may be stated, that those of the Royal Army in rifle regiments wear a chaco, *not a cocked hat*—(*the chaco without a tuft*).

MEDICAL DESTITUTION IN GLASGOW.

To the Editor of THE LANCET.

SIR,—The subject of medical consultations in Glasgow having lately caused much discussion in this city, as well as having been brought before the public in your columns,—and as one gentleman has been much pointed at in the discussion, and complains to me, as the originator of the subject, that he has been not only misrepresented and injured in his feelings, but also injured in his professional reputation, by the charge supposed to be made against him of unprofessional conduct towards some who have consulted him,—I take the liberty of again requesting space for the following explanation, as an act of justice to the injured party. In order to the right understanding of the case, it is necessary for me to state the matter somewhat in detail.

In the course of the early summer, I had occasion to speak with a man in whose family I had for some time had a good deal of practice. The last occasion I attended in the family, Dr. Joseph Bell, recommended by me, was called in consultation. When speaking with this man, he stated that he had been several months ailing, that he had been under Dr. Bell's treatment for most of the time, and that he felt ashamed or he would have seen me about his sickness before that time. His statement left the impression on my mind that he preferred to go to Dr. Bell from what he saw of him at the consultation on his boy. On subsequently considering the subject, my mind became impressed with the conviction that if a party brought in in consultation by the ordinary attendant accepted practice in the family afterwards, mutual confidence would be destroyed and consultations ignored. I therefore brought the question before the Faculty of Medicine, with the view of getting the opinion of that body as to what should be the proper ethics in such a case. In doing so I used no names, as I expected that the meeting could easily determine a principle without personalities. Many in the meeting pressed me (one so strongly as to require repeated calls to order by the chairman) to condescend to names, when I stated that the case which suggested the idea of bringing the subject forward had occurred between Dr. Bell and myself, but that I declined to enter into it as a charge against that gentleman, as he was absent, and not amenable to our laws. Dr. Bell, in writing to me since the appearance of Mr. Glass's note, explains that when the party alluded to called on him at his house (which he always did), he did not recognise him, nor for several times afterwards, till on one occasion the man stated circumstances which made him known to Dr. Bell; that then Dr. Bell told him he would require to intimate the case to me; but the man replied he need not, as I was not then in attendance on the family, nor had I been since the occasion when the consultation occurred; that he (Dr. Bell) considered the explanation satisfactory, and did not write to me, as is his usual custom.

Dr. Bell thinks that in bringing the subject forward I have not only injured him, but also been the occasion of bringing scandalous imputations on the profession in Glasgow. Nothing was further from my mind than injuring anyone, and I am grieved exceedingly that his name has come before the public in such a way as to cause him any annoyance or do him any injury. I have met him frequently, and his conduct was uniformly of the most honourable character, and I feel called upon to say that the same opinion of him is entertained among such of the profession as are known to me.

On the facts of the case as stated I make no observation, and will be content to bear the judgment of such of your readers as pay attention to them. I will dispose of the "scandalous imputations" and Mr. Glass's "truth" in a few sentences. In THE LANCET of Aug. 24th there appeared amongst the "Annotations" a report of the meeting at which I introduced the subject of consulting practices in Glasgow. I am there represented to be the only speaker, though there were many others. The reporter makes me say many things I did not and could not say; that I gave a representation of things disgraceful to any community; that I pointedly alluded to one gentleman anxious to be considered a consulting surgeon who did not scruple to basely insinuate himself, to the injury of the ordinary attendant, &c. Now I did none of this; but Mr. T. Glass, L.F.P.S.G., did it—and that, too, without being "compelled." In my note of the 7th ult. impugning the report, I regret to find I am not explicit enough as to those "pointed allusions." My denial had reference to those "scandalous imputations," and was never intended to include the mention of Dr. Bell's name in connexion with the case narrated. A thing said in the presence of many witnesses is not what a man usually denies. In this matter Mr. Glass himself would be less open to the charge of *suppressio veri* if he had candidly avowed that *he* had brought most serious charges against two gentlemen high in the profession in Glasgow; and less open also to a charge of *suggestio falsi* if he had not said that the Faculty investigated the charges against Dr. Bell and found them not proven—charges against Dr. Bell never made!—investigated in the absence of the Doctor and also of evidence! This is surely *Hamlet* with the part of Hamlet left out. My dear Mr. Glass, you out-Herod even Don Quixote himself in your zeal. You set up your windmill, and imagine it attacked that you may have the honour of defending it to the last. Perhaps, after all, such a course may be allowable, as it

something to be even in quasi-association with an honourable name. In conclusion, I think I was entitled to bring the question before our Society as one likely to do good rather than otherwise; and if those inclined to such things made the occasion one of aspersing their fellows, I should scarcely be held responsible for their want of consideration.—Yours, &c.,

JOHN M'CARRON, L.F.P.S.G.

Bellgrove-street, Glasgow, Oct. 1861.

*** This controversy must here terminate.—ED. L.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

IT is my painful duty to-day to announce, that your "Special Paris Correspondent" has narrowly escaped annihilation. Certain French writers—all characters well known to the medical police—have set upon him in the dark; have drawn him, quartered him, and otherwise cut him up, leaving him only just as much of vitality in his mangled carcase as it was estimated would suffice for the recantation of his errors. The grounds of this savage onslaught seem to have been that your correspondent had dared to write a letter of advice to students in England about to visit Paris, containing statements so at variance with the truth as to be at once slanderous, scandalous, abominable, insulting, false, ridiculous, absurd, and contemptible. The British medical public has consequently been warned, in general terms, against attaching any importance to such wilful misstatements, and a special caution is directed against those calumnious assertions contained in your correspondent's letter relative to the clothing trade, and which, if allowed to pass unchallenged and uncontradicted, might be prejudicial to commerce and injurious to the best interests of this country. In fact, all he has advanced is untrue, and (according to the writers in question) he is wrong everywhere and in everything, always has been so, is now, and ever must be so. Paris shoes, for example, never pinch; corns and corn-cutters are unknown here. Paris coats never wear out; no Frenchman ever was "out at elbows." The *crémeries* which he recommended habitually supply horse-flesh for beef, fluked sheep for mutton, and measly pork for ham; as for the eggs with which the omelette is constructed, a full-grown *capon* at least may be found in each. The Paris schools are *not* strong in diagnosis; the professors and classes he has referred to are unknown; none of the *maisons meublées* ever open their doors to improper women, and English parents need be under no apprehension on that score; and so on. In short, the student is urged to do everything that your correspondent has forbidden, and to avoid all he has recommended. As the "Audi alteram partem" forms no small part of the correspondence contained in your columns, I think it only just to give the one side as fair a hearing as has already been accorded to the other.

M. Jobert de Lamballe has been recently [illegible]ing the Academy of Sciences on the uses and physiolo[illegible] properties of tendons. The term "enlightenment," pe[illegible] is hardly a correct definition of the object of this new memoir on a subject he has already treated, as the paper read last week contains rather the confirmation, by recent experiments, of facts already tolerably well known, than the details of fresh discovery. M. Jobert mentions that although the tendinous tissues in the normal state are perfectly inextensible, and snap asunder on the application of a force which would test their powers of elasticity, yet, under the influence of disease, both the conditions of elongation and contraction are met with. He observes, that the comparison made by the older observers between the tendinous tissues and cartilage, enamel, or the various inorganic products in the body, is incorrect, as the former are in reality organs, and contain within themselves all the indispensable elements of nutrition. Haller, the first to investigate the subject of the insensibility of tendon, failed to trace the extension of nervous filaments into these structures, and M. Jobert is led to side with him, observing, however, that minute nerves may be found to ramify on their surfaces, even though they do not actually penetrate into their substance; and to the irritation of these filaments he attributes the sensibility produced by inflammatory action which may have been set up in the tendinous sheaths.

Dr. Perron, of Besançon, has called the attention of the local Medical Society to the frequent occurrence of cases of poisoning by copper amongst the workmen in the three hundred watch-making establishments of that town. To the constant absorption of this metal, to which this class of operatives are exposed, he attributes not only the frequency of gastric derangement, but also a strong tendency to pulmonary phthisis. The prophylactic measures which he proposes consist mainly in the inculcation of habits of extreme cleanliness, free ventilation of the workshops, tonic beverages, and the wearing of the moustache, and are well worthy the attention of the heads of similar manufactories in other countries.

M. Piorry, having given notice of his intention of reverting to M. Blache's report on the "Treatment of Phthisis by Seaside Residence," occupied the tribune during the greater part of last Tuesday's meeting at the Academy of Medicine, and enjoyed a long innings in connexion with his favourite subject. He began by drawing a line of demarcation between pulmonary tuberculization and phthisis, and explained that the existence of the former did not necessitate the production of the latter condition; that a patient might carry in his lungs one, two, three, or twenty tubercles, without suffering any apparent alteration in health. He instanced the fact that the cretaceous transformation of tubercle not unfrequently observed in the lungs of persons who have died from other causes, and whose bodies have been examined, had not interfered with the functions of life, and that consequently the accuracy of the label "phthisis" depended upon the commencement of the period of softening. He admitted the non-existence of any specific drug capable of procuring the absorption of tubercle, but thought that possibly the phosphates and carbonates of lime might exercise some influence in promoting the conversion of the morbid product into a calcareous consistency; and as a means of preventing new formations of tubercle, he extolled frequent and deep inspirations, the internal administration of iodide of potassium, and a moderate inhalation of the vapours of iodine. As soon as the progress of phthisis has decided an outpouring of mucus, pus, blood, or other liquid in the lungs, energetic expectorants must be used; and in preference to kermes mineral, squill, polygala, &c., which fail, he recommends tartar emetic and ipecacuanha; the former of these two drugs being the most indicated when dulness on percussion, announcing the presence of blood accumulated in the lobules of the lung, is present. Severe hæmoptysis is to be arrested by deep and repeated acts of respiration, which, in three cases, he has known to act as a charm in causing a cessation of this symptom; by ligatures placed below the knees and above the elbows, the limbs being maintained meanwhile in a hanging position, and placed in warm water; by raising that portion of the chest whence the blood is being poured out; by free bleedings when the vital powers will permit; and by frequent doses of perchloride of iron, or vegetable antiscorbutics. The remainder of M. Piorry's observations were confined to the recapitulation of well-known hygienic formulæ, and did not present any very striking features of novelty.

Can you kindly inform me who on earth the two professors of clinical surgery can be upon whom the *Gazette des Hôpitaux* showers all the possible honours of the Danish knighthood? In one issue, we are informed that "Jame Syme," the celebrated professor of clinical surgery in Edinburgh, is to be invested with the Order of the Dannebrog; and in another, under the head, too, of *nouvelles scientifiques*, that "James Symes," also *the* celebrated professor of clinical surgery in Edinburgh, is about to enjoy a similar honour. What becomes of Professor James Syme in this comedy of errors? Is the *Gazette* right, or is there not "something rotten in the state of Denmark?"

I am informed that a decree of the Prefect of Police has just been posted in Paris forbidding the practice of flying paper-kites within the limits of the town, on the ground that they interfere with the working of the electric telegraphs. The police have already interfered to prevent the frequent flight of *canards* through Paris and its vicinity; possibly the recent regulation may be connected with the former edict.

The Spanish journals of the 5th inst., in noticing the continued illness of the little Princess Doña Concepçion, mention that the Queen had determined (by way, I suppose, of giving the child the benefit of a *coup de grâce*) on placing her in the hands of homœopaths. Whereupon the chief physician (Dr. Corval) at once resigned his office, and the second medical attendant (Dr. Drument) quitted the palace.

Your botanical readers may be interested in knowing that a few days ago the annual ceremony of promenading the "King of the Pumpkins" (almost as peculiar a feature in its way as the march of the fat oxen in carnival season) came off with great success at the Halles. The monster specimen weighed 243 lbs., and measured 10 ft. 4 in. in circumference. This giant of the melon tribe was grown at Orleans.

Paris, Oct. 15th, 1861.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. — The ollowing gentlemen passed the first part of the professional examination for the licence of the College on the 11th inst.:—

Barrett, John James, St. Thomas's Hospital.
Brodie, George Bernard, St. George's Hospital.
Chandler, Edward, Charing-cross Hospital.
Hicks, John Wale, St. Thomas's Hospital.
Owles, James Allden, St. George's Hospital.
Rawlins, William Peter, University College.
Vernon, Bowater John, St. Bartholomew's Hospital.
Willey, Henry, King's College.
Woodman, Frederick, Guy's Hospital.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. — The following members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board on the 16th inst.:—

Belcher, Joseph Silverthorne, Royal Ophthalmic Hospital, Charing-cross; diploma of membership dated April 17th, 1861.
Howell, Horace Sydney, Maidstone, Kent; April 10th, 1861.
Kempe, Charles Patrick, Crugsellack, Cornwall; June 3rd, 1861.
Owen Owen, Feramgyd, Anglesea; April 17th, 1861.
Rowland, Henry Orford, Birmingham; April 18th, 1861.
Stewart, Charles John, Montague-place, Kentish-town; March 11th, 1859.
Taylor, Frederic, Woodstock, Oxon; April 18th, 1860.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on the 10th inst.:—

Armstrong, George William, King's College.
Hadwen, Aurelius St. John, Waterloo-road.
Lockwood, William, Holmfirth, Yorkshire.
Pearce, George, Bishopstow, Wilts.
Seller, John Larder, Neston, Cheshire.

The following gentlemen also on the same day passed their first examination:—

Mottershead, John, Butley, near Macclesfield, Cheshire.
Willey, Henry, Greville-road, St. John's-wood.

ROYAL COLLEGE OF SURGEONS, EDINBURGH. — The following gentlemen passed the examinations, and were admitted Licentiates of the College, during the recent sittings of the Examiners:—

Johnstone, George, Yorkshire.
Moran, Thomas, Dublin.
Orton, Richard, Nottinghamshire.
Reid, Robert, Kirkcaldy.

COLLEGIATE FINANCES.—From the annual return of the receipts and expenditure of the Royal College of Surgeons of England from Midsummer-day, 1860, to Midsummer-day, 1861, and only just published, it appears that the former amounted to £13,894 10*s.* 4*d.*, principally from the following sources: diploma for membership, £10,983; rent, £627 1*s* 8*d.*; fellowship, £525; certificates in dental surgery, £451 10*s.*; licences in midwifery, £138 12*s.* The disbursements amounted to £13,581 14*s.* 1*d.*, divided under the following heads: College department, £8831 15*s.* 4*d.*, including Council, Court of Examiners, Dental Board, Midwifery Board, auditors, fellowship, diploma stamps, salaries, wages, &c.; Museum department, £2275 2*s.* 2*d.*, including catalogues, specimens, salaries, wages, &c.; Library department, £594 10*s.* 6*d.*, including purchase and binding of books, salaries, &c. The receipts, therefore, being £13,894 10*s.* 4*d*, and the disbursements £13,581 14*s.* 1*d.*, there remains a sum of £312 16*s.* 3*d.* to be carried to the College funds. The receipts published last year amounted to £22,307 9*s.* 8*d.*, and the disbursements to £21,906 18*s.* 3*d.*

KING'S COLLEGE HOSPITAL.—In consequence of the increasing indisposition of Mr. P. C. Price, one of the assistant-surgeons to this hospital, necessitating a temporary retirement to a warmer climate, this gentleman has been obliged to resign the appointment so lately conferred on him, and has been succeeded by Mr. Francis Mason, surgeon to the St. Pancras and Northern Dispensary.

TESTIMONIAL.—A few days ago there was a gathering of the officers, servants, and patients in one of the galleries of the Kent County Lunatic Asylum, to present Dr. Hills, the assistant medical officer of the establishment, who is about to leave, having been appointed superintendent of the Norfolk County Asylum, with two testimonials—one a silver teapot, which had been subscribed for by the officers, attendants, and servants; the other, an address from the patients of the asylum. The following inscription was engraved on the teapot, a very chaste article, of the value of fifteen guineas:—"Presented to William Charles Hills, M.D., by the officers, attendants, and servants (90 subscribers) of the County Lunatic Asylum, Maidstone, as a token of esteem.—October, 1861."

JUNIOR MEDICAL SOCIETY OF LONDON. — The opening meeting of this session will be held at Guy's Hospital on Thursday, the 24th inst., at eight P.M., when a paper will be read by Mr. J. P. Weaver on "Jaundice." The paper will be preceded by the exhibition of pathological specimens by the members. After the reading of the paper there will be a *conversazione*, the museums &c. being thrown open.

EASTERN COUNTIES ASYLUM, ESSEX HALL, COLCHESTER. At a meeting of the Board on the 15th inst. Mr. R. F. Symmons was appointed medical officer in the room of Dr. Duncan, who resigned in consequence of his removal to London. A vote of thanks was proposed by the chairman, Sir E. Kerrison, Bart., M.P., seconded by Major Beresford, M.P., and carried unanimously, to Dr. Duncan for his earnest and devoted services as medical officer from the commencement, for his valuable quarterly and annual reports, and for his publications in behalf of the Asylum.

ANOTHER CASE OF ACCIDENTAL POISONING.—An inquest was held on Wednesday, by the Coroner for Westminster, on the body of Mr. John Baker, aged thirty-nine, overseer at the establishment of Mr. Reilly, gunmaker, Oxford-street. Captain Burnaby, on the night before the death of the deceased, had been in his company. He then complained of wind on the stomach, and said he should take a black draught as a remedy. Mrs. Baker, the wife of the deceased, said that her husband, after going to bed, asked her to go to the safe and fetch him a bottle containing medicine. As soon as he had drunk some of it, he said, "My dear, I have taken aquafortis." He called for mustard-and-water, which he got and drank. He then fell on the floor, while his wife called in the police. Dr. Black and Dr. Grey arrived shortly afterwards, but they had not been long in the house when the unfortunate man expired. The post-mortem examination of the body showed that the deceased had suffered from a serious internal complaint. The poison which he had swallowed was found to be a weak solution of cyanide of potassium. The jury returned a verdict of "Death from taking poison by mistake." The time must come when druggists who persist in sending out embrocations or lotions in ordinary medicine bottles will be held legally, as they truly are, morally, responsible for the calamities that ensue from this reckless practice.

CHARGE OF ATTEMPTING TO PROCURE ABORTION.—On Tuesday, at the Thames Police-court, Annie Vale, a midwife, aged thirty-nine, of No. 6, Henry-street, Limehouse-fields, near Stepney Old Church, was charged with administering to Ann Horne a noxious drug, with intent to procure abortion, whereby the life of the latter was endangered. The prisoner is the wife of Benjamin Vale, an apothecary, who received his diploma as a licentiate of the Apothecaries' Company in 1839. Reports have been for some time prevalent, and anonymous letters have been sent to the police stations, complaining that Vale and his wife had been guilty of most irregular practices. These rumours were confirmed last week by the committal of Benjamin Vale for wilful murder under the Coroner's warrant for the maltreatment of a woman named Eliza Garratt.

After several witnesses had been examined at great length,

Mr. Woolrych inquired if the woman who had been injured could attend the Court at present.

Mr. Robinson, the medical practitioner attending her, replied that she could not; she was extremely weak, and in the most bloodless condition possible.

Mr. Woolrych said it would be necessary to have the patient to whom the noxious drug was alleged to have been administered in Court before the case could be further proceeded with.

The prisoner was accordingly remanded for a week.

DEATH OF DR. MEADE.—A meeting of the Cork Medical Protective Association was held on the 5th inst. to express their deep sympathy at the death of Dr. Meade, whose untimely end cast a gloom not only over his medical brethren, but all classes in Queenstown, where he resided. The flags of the ships were hung half-mast high; the annual dinner of the Club, which owed so much to his exertions, was postponed; while every mark of regret was quite evident. His funeral, which took place on the 4th instant, at the residence of his brother, W. R. Meade, Esq., Ballymartle, where he died, though several miles from town, was attended by many of the leading medical men of Cork and vicinity.—*Dublin Medical Press.*

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, OCT. 12TH.—The deaths registered in London last week numbered 1113, being a very close approximation to the average rate as calculated for the second week of October.

The births registered in London were—boys, 865; girls, 818.

MEDICAL VACANCIES.

THERE is a vacancy for a Resident House-Surgeon to the Halifax Infirmary.

Medical Officers are required for the Forton and Stalmine Districts of the Garstang Union.

There is a vacancy in the staff of Surgeons to the Leicester Infirmary by the resignation of Mr. Thomas Paget; and there is also a vacancy for a House-Surgeon by the resignation of Mr. Charles Hayes Marriott, on becoming a candidate for the office of Surgeon.

The office of Physician to the Durham County Hospital has become vacant by the resignation of Dr. Thomas L. Watkin.

A Poor-law Medical Officer is required for South Ruabon District, in the Wrexham Union, Devonshire, by the resignation of Mr. John Dignam.

The election of a Medical Officer for the Parish of Dawlish, in the Newton Abbot Union will take place on the 30th instant.

There will shortly be a vacancy for a House-Surgeon and Secretary to the East Suffolk Hospital.

The election of an Apothecary to the North Dispensary District, Cork, has been postponed for a fortnight.

MEDICAL APPOINTMENTS.

DR. CHARLES M. RUSSELL has been appointed Resident House-Surgeon to the National Hospital for the Paralysed and Epileptic, Bloomsbury-square, vacant by the resignation of Mr. Charles J. Smith.

Dr. James Palfrey, of Wellington-street, Southwark, son-in-law of the late Dr. Lever, has been appointed one of the Assistant-Physicians to the Metropolitan Free Hospital, Devonshire-square, Bishopsgate-street.

Dr. Wm. Chas. Wood has been appointed one of the Consulting Physicians; Dr. Chas. Corbet Blades, one of the Surgeons; and Messrs. James Earle, Jas. Irvine Menzies, and Robt. Byers, District Surgeons to the Royal South London Dispensary, St. George's-cross, Lambeth.

Mr. Walter Moore has been appointed Medical Officer for District No. 2 of the Brackley Union, in the counties of Northampton, Oxford, and Bucks; and Mr. Richard Jones has been appointed Medical Officer for the Workhouse of the same Union, both of which offices became vacant by the death of Mr. Frederick Gee.

Dr. Thomas Cossar has been elected Medical Officer for the Hurworth District of the Darlington Union, Durham, vacant by the death of Mr. Thomas D. Walker.

Dr. Wm. Dawson, Dr. Samuel Fenwick, Dr. Thomas Fothergill M'Nay, and Dr. T. Richardson, have been appointed Examiners for the year of the Newcastle College of Medicine, in connexion with the University of Durham.

Dr. John Creery Ferguson, Physician to the General Hospital, Belfast, retiring by rotation, and Dr. Alex. Gordon, Surgeon, retiring by rotation, have been re-elected.

Mr. James Griffith has been appointed Poor-law Medical Officer for the Biddenden District in the Tenterden Union, vacant by the resignation of Mr. Peter Pinyon.

Dr. Edward Davies has been appointed Surgeon to the Wrexham Infirmary, Denbighshire, in the place of Mr. Wm. Rowland, resigned; and the latter gentleman has been appointed Consulting Surgeon.

Mr. James Richard Quick has been appointed Medical Officer for the Workhouse and No. 1 District Penzance Union, Cornwall, in the place of Mr. Arthur Berryman, resigned.

MILITARY AND NAVAL MEDICAL INTELLIGENCE.

2nd Dragoons: Surg. Augustus Purefoy Lookwood, to be Surg.-Major.

Staff-Surg. George Thomas Galbraith, M.D., to be Surg.-Major.

Commissions signed by Lords-Lieutenant—2nd Administrative Batt. of Norfolk Rifle Volunteers: John Candler, Gent., to be Assist.-Surg. 2nd Batt. of Suffolk Rifle Volunteers: John Stearn Glasing, Gent., to be Assist.-Surg. 40th Middlesex Rifle Volunteer Corps: Wm. Edward Stewart, to be Assist.-Surg. The following appointment is substituted for that which appeared in the *Gazette* of the 27th of Sept. last:—2nd Batt. of the North Riding of Yorkshire Rifle Volunteers: John Ness, to be Surg., Sept. 23rd.

Surgeons—L. J. Monteith, to the *Absolute*; John T. U. Bremner, Superintendent, to the *Lord Dalhousie* Convict Ship; W. H. Adams, to the *Sinecure*; W. J. Lewis (additional), to the *Nile*. Assistant-Surgeons—John Dunwoodie, to Haslar Hospital; Dr. T. D. Allison (additional), to the *Hibernia*. Assist.-Surgeons to be Surgeons—Frederick L. Leonard, Josiah Austen, Edward M'Sorley, Archibald Stevenson, John M. Tronson, M.D., Wm. H. Adams, Thos. M'Gahan, James N. Dick, Wm. J. Lewis, and James Craig.

Births, Marriages, and Deaths.

BIRTHS.

On the 16th ult., at Dunraven-place, Bridgend, the wife of A. J. Verity, Esq., M.R.C.S., of a son.

On the 8th inst., at Cowes, the wife of W. C. Hoffmeister, M.D., Surgeon to the Queen, of a daughter.

On the 10th inst., at Bedford-place, Russell-square, the wife of F. W. Pavy, M.D., of a daughter.

On the 14th inst., at Old Steine, Brighton, the wife of W. E. C. Nourse, Esq., F.R.C.S., of a daughter.

On the 15th inst., at North Curry, Somerset, the wife of Thomas Plowman, Esq., M.R.C.S., of a son.

MARRIAGES.

On the 10th inst., at St. Andrews, Clifton, Henry E. Eastlake, M.D., to Margaret, eldest daughter of the late Rev. J. J. Skally, M.A.

On the 12th inst., at Lyston, Essex the Rev. V. H. Macy, Curate of St. Barnabas, Bristol, second son of H. J. Macy, Esq., M.R.C.S., of West-town, Somerset, to Sarah Mehetabel, youngest daughter of the late Major Jas. Conway Travers, K.H., of the Rifle Brigade.

On the 14th inst., Bernard Fitzpatrick, Esq., M.R.C.S., of Enniskillen, to Catherine, daughter of James Maguire, Esq., of Tempo, Co. Fermanagh.

DEATHS.

On the 4th inst., at Leicester, Thos. Macaulay, Esq., F.R.C.S., aged 60.

On the 7th inst., at Dunraven-place, Bridgend, Theresa Jane, the child of A. John Verity, Esq., M.R.C.S., aged 9 years and 2 months.

On the 12th inst., at Chatham-street, Liverpool, P. Ramsay, M.D., aged 73.

Medical Diary of the Week.

MONDAY, OCT. 21
- ROYAL FREE HOSPITAL.—Operations, 2 P.M.
- METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.
- MEDICAL SOCIETY OF LONDON.—8½ P.M. Clinical Discussion.

TUESDAY, OCT. 22
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEDNESDAY, OCT. 23
- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.

THURSDAY, OCT. 24
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M.
- LONDON HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M.
- LONDON SURGICAL HOME.—Operations, 2 P.M.
- JUNIOR MEDICAL SOCIETY OF LONDON.—8 P.M. First Meeting of the Session, at Guy's Hospital. Mr. J. P. Weaver, "On Jaundice;" &c.

FRIDAY, OCT. 25
- WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.

SATURDAY, OCT. 26
- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

To Correspondents.

Bishops-Stortford.—A trial is reported in the Bishops-Stortford paper, in which Dr. Michael O'Reilly, of that town, sued a person for surgical attendance for a fracture of both bones of the leg. His charges were moderate, and the evidence appeared in every respect to warrant a judgment in favour of the plaintiff. The defence raised was, that the plaintiff had shown a want of care in his treatment of the case. We are bound to say that the evidence in favour of Dr. O'Reilly appears to have been conclusive, and we are quite at a loss to conceive upon what grounds the medical witnesses for the defence came to the conclusion that any want of care could fairly be attributed to Dr. O'Reilly. It is always painful to find gentlemen of respectability and standing opposed to their brethren on questions of at least very doubtful character. We do not propose at present to enter minutely into the details of the case in question, as it is the manifest duty of Dr. O'Reilly, for the sake of himself and the profession to which he belongs, to move for a new trial. We cannot believe that the verdict against him will stand. Should he bring the question again before a legal tribunal, he will do well to fortify himself with the opinions of some of the leading surgeons of London. It will be sad, indeed, for the members of our profession if, in cases of fracture of the leg, a surgeon is to be deprived of his just claims for attendance, merely upon the ground that the injured leg happens to be slightly shorter than the other, and this under circumstances involving grave and serious complications. On the rehearing of the case we shall enter fully into its merits.

THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND AND ITS M.D. DEGREE.

To the Editor of THE LANCET.

SIR,—Your correspondent, "Medicus," seems sorely annoyed that the King and Queen's College of Physicians in Ireland announce to the medical world that, by Charter and Act of Parliament, their Fellows and Licentiates are Doctors of Physic, and he falls into the error of supposing that the recent decision of the Irish Court of Queen's Bench in the case of Barker has quashed such right.

An ordinarily careful examination of the judgment given will prove the opinion of the Court to be this: that inasmuch as Schedule (A) of the Medical Act of 1858 merely mentions Fellow or Licentiate of the Irish College of Physicians, it had no power to order the Registrar to insert any other title on the Register, and therefore it could not compel him to insert M.D. in addition to the other title or titles of the College; but the Court expressly stated that its decision on this point had nothing whatever to do with the right of the College to confer the Doctorate.

I think we may fairly conclude that, so far as the judgment given is concerned, matters rest just as they were before. It is a well-known fact that, in consequence of the frivolous objection recently urged by some to give Licentiate Physicians even the courtesy title of Doctor (always hitherto conceded), the authorities of the College had been informed by their legal advisers that their Licentiates and Fellows, as such, were also Doctors of Physic, the Charters of the College, confirmed by Act of Parliament, conferring the title. The opinions of the then Attorney-General for Ireland (the present Baron Deasy, of the Court of Exchequer) and of the present Attorney-General of England were taken, and both gave their opinion, after examining the Charters and Acts of Parliament relating thereto, that the Licentiates and Fellows of the College were Doctors of Physic, and legally entitled to append M.D. to their names. Since this opinion was given, each Licentiate is dubbed by the College on the diploma "Doctor of Medicine," and I think the College does well to assert its right. It is a pity the sister College in Pall-mall did not act with equal boldness and candour.

I am, Sir, faithfully yours,

October, 1861. A PHYSICIAN.

Mr. James Wright, (New Inn.)—Two letters have reached us from this gentleman. With respect to the first, we can only observe that the caution contained in it was unnecessary. With regard to the second, we never give up, without sufficient reason, the names of any of our correspondents who address us in confidence. Mr. Wright's request was altogether unusual, and, if complied with, would necessarily involve a breach of faith upon our part. If the correspondence published in another journal be really libellous, Mr. Wright's client has his remedy, and Mr. Wright requires no assistance from us in the matter. We offer no opinion upon the subject in its present stage. The circumstances are peculiar, and involve some nice points both of law and propriety. We fervently hope that justice may be done between the parties concerned in this unfortunate affair.

Hopeful shall receive an answer if he will send his name and address.

PERIOD OF INCUBATION IN MEASLES.

To the Editor of THE LANCET.

SIR,—I had recently an opportunity of determining exactly the period of incubation in a number of cases of measles, which occurred amongst the Government emigrants, who were under my charge on the voyage to the Cape.

Whilst awaiting embarkation at the Southampton depôt, the disease broke out in one family, who were separated as soon as possible from the others. We sailed on December 25th, and on the 27th, exactly fourteen days from the outbreak of the disease at the depôt, nine or ten cases appeared, all of which did well. Although I separated the sick from the healthy as completely as was possible in a crowded ship, yet on January 10th and several days following, fresh cases occurred, fourteen days having, as will be perceived, again elapsed between separate outbreaks. I may add that out of about twenty-five to thirty cases, occurring under very unfavourable circumstances, I only lost one, and that an infant, from diarrhœa about a fortnight after the subsidence of the rash.

The good result in these cases was plainly attributable to the excessive mildness of the pulmonary affection, which I had always heard was the most troublesome complication of the disease at sea. In nearly every case the treatment was simply dietetic. Your obedient servant,

PONSONBY ADAIR,
Acting Assistant-Surgeon, H.M.S.V. *Victoria*,
Indian Navy Club, Bombay, July, 1861. Indian Navy.

A Member of the Pathological Society.—It would be hardly fair to criticise too severely the proceedings of the first meeting of this Society. The evils to which "A Member" refers are pretty generally acknowledged. They are of such a character that they must necessarily remedy themselves.

Subscriber, (Winchester.)—The ceremony may be altogether omitted without any breach of courtesy.

A. T. H., (Wincanton.)—Under the circumstances stated, we think he would be regarded as having commenced his professional education.

PROFESSIONAL ETIQUETTE AND DR. EDMUNDS.

To the Editor of THE LANCET.

SIR,—I am not anxious to reopen the controversy between Dr. Edmunds and his medical brethren. You have very properly closed it with some remarks, the pertinency of which few persons, if any, will gainsay.

I must, however, in justice to myself, ask for a small space in your journal to insert a denial of the insinuation thrown out by Dr. Edmunds in his last letter, that I keep a shop, and sell "hair-oil and simple medicines." I assert, without fear of contradiction, that I have never, at any period of my professional career, kept a shop or open surgery, or have retailed cosmetics or drugs. I sincerely wish that I could affirm the same of Dr. Edmunds.

I am, Sir, your obedient servant,
Church-street, Spitalfields, Oct. 1861. JOHN JACKSON, M.R.C.S.

*** We insert Mr. Jackson's letter, it being simply a denial of an insinuation affecting him. We can, however, admit no further communications relative to the dispute.—ED. L.

Mr. W. K. Spragge presents his compliments to the Editor of THE LANCET, and begs to inform him, on behalf of Dr. C. B. Hall, that the non-appearance of that gentleman's name in the medical address to Dr. Battersby arose simply from the fact of his being temporarily absent from Torquay.

Army Medical Training School.—In the article of last week on this subject, it should have been stated that Dr. M'Lean is Professor of Military Medicine at the Army Medical School, and that the second course of his lectures commences this session.

A QUERY.

To the Editor of THE LANCET.

SIR,—I shall be very much obliged to any Royal Artillery or regimental surgeon who will inform me whether assistant-surgeons of the Foot Artillery are mounted on review or field days? Are they ever mounted?

I remain, Sir, yours, &c.,
October, 1861. A VOLUNTEER SURGEON.

Surgical Skill in Poplar.—The thing is not worth notice. Supposing the circumstance to be true, it is easily explicable without derogation on the one side, or credit to the other. A foreign body will frequently, by the mechanical irritation of its presence, cause such changes in the soft parts in which it is imbedded as to render its removal by art easy at an after period, whilst at an earlier time it has been impossible to effect it.

INTESTINAL FLATUS.

To the Editor of THE LANCET.

SIR,—In reply to the letter of "H. S. S.," which appeared in your last impression, requesting some suggestion for the treatment of his case of offensive intestinal flatus, I take the liberty of recommending the employment of one or other of the alkaline permanganates, which, by communicating nascent or ozonic oxygen, may be expected if freely used, by the bath as well as internal administration, to overcome the septic tendency that evidently exists in the constitution. Your obedient servant,

London, October, 1861. J. B. M.

Naturalist.—1. The work by Professor Bell on the Saurians of these Islands. —2. A work recently published by Dr. Mitchell, of Philadelphia, entitled "Researches upon the Venom of the Rattlesnake." This writer states that whatever may be the degree of virulence in different snake poisons, the mode in which they affect the system varies but little. Whether the bite be by the viper, the copperhead, the rattlesnake, or by the dreaded but not more deadly cobra, the mode in which the system is influenced is the same.

Chemistry (Beeston) will find the information he requires in the Students' Number of THE LANCET.—2. No particular works are recommended.

VARIETIES IN THE MEDICAL LICENCE.

To the Editor of THE LANCET.

SIR,—I am sorry to see the College of Physicians of Edinburgh and its Licentiates lying dormant so long to their own interest. We are quite aware that the London College has elevated their former Licentiates to the standing of Member, who has the title of Physician; but the present Licentiate has not that status. Why should not the Edinburgh College do likewise? instead of which it actually grants greater privileges to its Licentiates than the London College does. How much better would it be if our Scotch and Irish Colleges had their Fellows, Members, and Licentiates—the two former registering as physicians, the latter as general practitioners. As it is, I am at a loss to know how a man who is a non-professional can distinguish in the Register the difference between a L.R.C.P. Ed. and a L.R.C.P.E. as regards his title, both being connected with a College of Physicians, only he knows one to be practising as a physician, and the other as an apothecary or general practitioner; but he would naturally set them down as holding the same qualifications, which would not be the case if registered *Member*. I am, Sir, yours, &c.,
October, 1861. M.D.

J. H. B.—Our correspondent should append his name and address to the letter. As it at present stands, it is liable to the suspicion of being the production of some secret enemy to the cause.

One Tired of Waiting.—A new part of Virchow's "Handbuch der Pathologie und Speciellen Therapie" has just been published. It is upon Diseases of the Heart, by Friedrich of Heidelberg, and concludes the second portion of the fifth volume. It will be some time yet, however, before the work will be completed.

NAVAL MEDICAL OFFICERS.

To the Editor of THE LANCET.

SIR,—Never had these officers more cause to complain than now. Certain rank was given surgeons—viz., commander's or major's. This did not satisfy some, so commanders were made to rank with lieutenant-colonel, and they now wear three stripes; surgeons wear two, but, to the amusement and delight of many, the gold peak has been removed from the cap. How can they be respected when they appear in a uniform one day, of which they are only to be deprived the next? Doubtless there was some reason; for paymasters, masters, and engineers, who formerly ranked with surgeons, did not see why they should be overlooked, and weekly filled the service papers with complaints and odious comparisons; but surely it would have been better to have given them also the gold peak than to have deprived others. The general opinion is, that giving commanders three, and captains four stripes (who formerly wore respectively two and three), annoys the doctors, and is a mere "farce."

I am, Sir, your obedient servant,
October, 1861. ONE WHO WAS IN THE NAVY.

Mr. W. Whalley should apply to Mr. Simpson, Old Burlington-street, London, who is the Secretary to the institution.

L.K. & Q.C.P.I. will perceive that the question is sufficiently referred to under the Notices to Correspondents.

Dr. W. Abbotts Smith.—It is not our custom to insert reclamations from authors who are dissatisfied with reviews of their books. There does not appear any special reason in the present instance why we should depart from it.

ANIMAL FOOD.

To the Editor of THE LANCET.

SIR,—In Petherick's "Travels in Central Africa" mention is made of a tribe, subsisting on fruits, vegetables, and the produce of their flocks. They do not, however, kill their cattle, but eat them after death. They are a remarkably healthy people, robust and active in their habits, and in fact disease appears to be almost unknown amongst them.

Can you or any of your numerous readers inform me if the experiment has been tried in this country of eating the flesh of animals who have died a natural death, and with what results? Having a prejudice against robbing any animal of its life for food, I would gladly compromise the matter by eating them after death. I am, Sir, your obedient servant,
Edinburgh, October, 1861. SCALPEL.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Brown-Séquard; Dr. Grally Hewitt; Dr. Spurgin; Mr. Gillatt; Mr. Alfred Melion; Mr. John Jackson; Rev. A. d'Orsey; Mr. Watkin; Mr. Furse, South Molton, Devon; Mr. Spragge; Dr. R. Richardson, Rhayader, Radnorshire; Dr. Mitchell; Mr. Plowman; Mr. Eagleton, Havering; Mr. C. H. Moore; Mr. Andrews, Breaston, (with enclosure;) Mr. Millard, Colchester; Mr. Gillors, Bicester; Dr. Coutts, Aberdeen, (with enclosure;) Mr. J. Robertson, Edinburgh; Mr. Hopgood, Chipping Norton; Dr. M'Cormac, Belfast; Dr. Robinson; Dr. J. M'Kinlay; Mr. Turner, Newcastle; Mr. Walker, Hulme; Mr. A. Steward, (with enclosure;) Mr. H. C. Wood; Dr. J. Ferguson; Mr. Cowan, Melrose; Dr. Williams, Bracknell; Dr. Stanfield, Hollinwood; Mr. Manning, Northampton, (with enclosure;) Dr. W. P. Jones; Mr. Macy; Mr. Fitzpatrick; Mr. Charles Hunter; Dr. Morgan, Bath, (with enclosure;) Mr. Fullagar, Broadstairs; Dr. Buchanan, Killena, (with enclosure;) Mr. Orrell, Cheltenham, (with enclosure;) Dr. Miller, Glasgow, (with enclosure;) Mr. Davies, Blackwood; Mr. Robertson, Bath, (with enclosure;) Mr. Halford; M.D., &c.; A Physician; R.; M. A.; J. B. M.; A Volunteer Surgeon; R. D.; J. S.; M.D., Crewkerne, (with enclosure;) An Army Surgeon; L.K. & Q.C.P.I.; S. P. Q. R.; M. A. B.; &c. &c.

THE *Glasgow Examiner* has been received.